

EXHIBIT FF

Maria A. Abadi, M.D.

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

IN RE: ETHICON, INC. PELVIC
REPAIR SYSTEM PRODUCTS
LIABILITY LITIGATION

Master File No.
2:12-MD-02327

MDL No. 2327

This Document Relates to
Plaintiff:

JOSEPH R. GOODWIN
U.S. DISTRICT JUDGE

Barbara Kaiser
Case No. 2:12-cv-00887

DEPOSITION OF MARIA A. ABADI, MD

Thursday, March 31st, 2016

10:27 a.m.

Held At:

Butler Snow
1700 Broadway
New York, New York

REPORTED BY:

Maureen O'Connor Pollard, RMR, CLR, CSR

Maria A. Abadi, M.D.

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| <p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 FOR THE PLAINTIFF:</p> <p>4 THOMAS O. PLOUFF, ESQ. (Via speakerphone)</p> <p>5 COSTELLO, MCMAHON BURKE & MURPHY, LTD</p> <p>6 150 N. Wacker Drive</p> <p>7 Chicago, Illinois 60606</p> <p>8 312-541-9700</p> <p>9 tplouff@costellaw.com</p> <p>10</p> <p>11</p> <p>12 FOR THE DEFENDANT:</p> <p>13 PHILIP J. COMBS, ESQ.</p> <p>14 THOMAS COMBS & SPANN, PLLC</p> <p>15 PO Box 3824</p> <p>16 Charleston, West Virginia 25338-3824</p> <p>17 304-414-1805</p> <p>18 pcombs@tcspllc.com</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> | <p style="text-align: right;">Page 4</p> <p>1 PROCEEDINGS</p> <p>2</p> <p>3 MARIA A. ABADI, MD,</p> <p>4 having been first duly sworn, was examined and</p> <p>5 testified as follows:</p> <p>6 DIRECT EXAMINATION</p> <p>7 BY MR. PLOUFF:</p> <p>8 Q. Please state your name.</p> <p>9 A. Maria A. Abadi.</p> <p>10 Q. And you are Ethicon's expert</p> <p>11 pathologist in this case, is that right?</p> <p>12 A. Yes, that is correct.</p> <p>13 Q. What do you perceive your role to be</p> <p>14 as an expert witness?</p> <p>15 A. Okay. My role is to assess the</p> <p>16 pathology of Ms. Kaiser, to examine -- in this</p> <p>17 particular case, I examined the tissues, I</p> <p>18 processed some of the tissues, and I performed a</p> <p>19 microscopic evaluation. I was also in charge of</p> <p>20 reviewing Dr. Iakovlev's report, and to give my</p> <p>21 opinions as to his report.</p> <p>22 Q. And when you say that one of the</p> <p>23 things you are to do is to assess Mrs. Kaiser's</p> <p>24 tissue, that has to be done in a fair manner, is</p> <p>25 that right?</p> |
| <p style="text-align: right;">Page 3</p> <p>1 INDEX</p> <p>2 EXAMINATION PAGE</p> <p>3 MARIA A. ABADI, MD</p> <p>4 BY MR. PLOUFF 4</p> <p>5 BY MR. COMBS 92</p> <p>6 BY MR. PLOUFF 99</p> <p>7</p> <p>8</p> <p>9 EXHIBITS</p> <p>10 NO. DESCRIPTION PAGE</p> <p>11 1 Dr. Iakovlev's Report titled</p> <p>12 Clinico-Pathological Correlation</p> <p>13 of Complications Experienced by</p> <p>14 Ms. Barbara Kaiser..... 32</p> <p>15 2 Four color figures..... 48</p> <p>16 3 Five sheets of notes..... 85</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> | <p style="text-align: right;">Page 5</p> <p>1 A. Yes, with the proper pathologic</p> <p>2 methodology.</p> <p>3 Q. Right.</p> <p>4 And in this case your job was to</p> <p>5 report what you saw in the Kaiser tissue, and</p> <p>6 that would be factual in nature, is that right?</p> <p>7 A. That is correct.</p> <p>8 Q. If there were changes due to mesh, you</p> <p>9 would report that, correct?</p> <p>10 A. Yes. If I saw any changes that were</p> <p>11 related to the mesh, yes, I had -- absolutely</p> <p>12 had to report that.</p> <p>13 Q. Okay. Obviously I have your written</p> <p>14 report on the Kaiser matter. It is a -- well, I</p> <p>15 notice the pages not numbered now that I have</p> <p>16 looked at it, but it is a six-page report dated</p> <p>17 March 16th, 2016. And you issued that report,</p> <p>18 correct?</p> <p>19 A. Yes, I did.</p> <p>20 Q. All right. And are all the opinions</p> <p>21 that you hold on the Kaiser matter disclosed in</p> <p>22 your written report?</p> <p>23 A. Yes.</p> <p>24 Q. So you do not hold any opinions that</p> <p>25 are not disclosed, is that correct, in your</p> |

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| <p style="text-align: right;">Page 6</p> <p>1 written report?</p> <p>2 A. That is correct.</p> <p>3 Q. Okay. Who contacted you regarding the</p> <p>4 Kaiser case?</p> <p>5 A. Who contacted me?</p> <p>6 Q. Yes.</p> <p>7 A. It was Mr. Andrew Snowden from Butler</p> <p>8 Snow.</p> <p>9 Q. And when was that?</p> <p>10 A. It was about the same time as the</p> <p>11 other cases. I would say the end of 2015.</p> <p>12 Q. Okay. When he contacted you initially</p> <p>13 about any cases, I mean, did he talk to you</p> <p>14 about any one particular case, or just in</p> <p>15 general whether you would be an expert witness</p> <p>16 for Ethicon?</p> <p>17 A. Yes, it was in a general manner, not</p> <p>18 specifically to any case.</p> <p>19 Q. Is that the first time that you had</p> <p>20 ever talked to Mr. Snowden?</p> <p>21 A. No. I spoke to him in the summer of</p> <p>22 2015 just in general, and he gave me a case</p> <p>23 initially that I -- eventually I did not perform</p> <p>24 the review. And then after that he contacted me</p> <p>25 for these cases. And it was always in a general</p> | <p style="text-align: right;">Page 8</p> <p>1 though I had started writing some notes it</p> <p>2 didn't come to pass, so I did not discuss the</p> <p>3 findings with anybody.</p> <p>4 Q. Okay. When did you look at</p> <p>5 Mrs. Kaiser's tissue for the first time?</p> <p>6 A. So I don't have the chain of custody</p> <p>7 with me, but I was sent some of her tissues. I</p> <p>8 believe it was at the beginning of this year.</p> <p>9 Q. Where -- do you have -- you don't have</p> <p>10 the chain of custody in your black binder?</p> <p>11 A. No, it's not included in the black</p> <p>12 binder.</p> <p>13 Q. Okay. I mean, how many chain of</p> <p>14 custody forms do you have?</p> <p>15 A. Oh, I have many chain of custody</p> <p>16 forms.</p> <p>17 Q. No, I'm talking about for Ms. Kaiser's</p> <p>18 case.</p> <p>19 A. Well, yes, there were several, too,</p> <p>20 because some -- you know, they sent -- every</p> <p>21 time they send me a chain of custody form, it</p> <p>22 would have the copies of the other people that</p> <p>23 had the, you know, the tissues at one point or</p> <p>24 another.</p> <p>25 Q. Okay. You don't have a way to produce</p> |
| <p style="text-align: right;">Page 7</p> <p>1 manner.</p> <p>2 Q. And before the summer of 2015, had you</p> <p>3 ever had any contact with Mr. Snowden?</p> <p>4 A. No.</p> <p>5 Q. So how many cases have you reviewed</p> <p>6 for Ethicon?</p> <p>7 A. So far I have reviewed -- you mean</p> <p>8 written the reports, or just general review?</p> <p>9 Q. Well, let's start with general review,</p> <p>10 and then let's go with written reports.</p> <p>11 A. Okay. Initially I was sent more</p> <p>12 cases, I was sent about ten cases, and I started</p> <p>13 working on them, you know, doing the microscopic</p> <p>14 review, and eventually some of the cases did not</p> <p>15 go forward, and so I ended up writing reports</p> <p>16 for five cases.</p> <p>17 Q. Okay. And do you know why the other</p> <p>18 five cases did not go forward?</p> <p>19 A. No, I have no idea. I was just</p> <p>20 contacted to return those cases.</p> <p>21 Q. Okay. Had you provided any opinions</p> <p>22 about those cases to anyone before you returned</p> <p>23 the case?</p> <p>24 A. No, no. Because they did not go</p> <p>25 forward, they didn't want my report, so even</p> | <p style="text-align: right;">Page 9</p> <p>1 those today?</p> <p>2 A. No, I don't.</p> <p>3 MR. PLOUFF: I'd ask counsel to</p> <p>4 produce those in the future. Is that all right?</p> <p>5 MR. COMBS: Yes. Sure, yes, Tom,</p> <p>6 we'll be glad to produce them. I'm going to</p> <p>7 display my ignorance. I don't know whether you</p> <p>8 already have them or not, in terms of I don't</p> <p>9 know whether the Plaintiff's chain of custody</p> <p>10 forms are given to the defense and the defense</p> <p>11 chain of custody forms are given to the</p> <p>12 Plaintiff. I just don't know the answer to</p> <p>13 that. That's all handled by Butler Snow. But</p> <p>14 yes, we will get you the chain of custody forms</p> <p>15 related to the Kaiser case.</p> <p>16 MR. PLOUFF: Okay. Fantastic.</p> <p>17 BY MR. PLOUFF:</p> <p>18 Q. When did you first look at</p> <p>19 Dr. Iakovlev's report?</p> <p>20 MR. COMBS: And one last thing, Tom.</p> <p>21 If I could, could I just ask you please to send</p> <p>22 me a reminder e-mail so I can forward that to</p> <p>23 someone at Butler Snow?</p> <p>24 MR. PLOUFF: Sure. What's your</p> <p>25 e-mail?</p> |

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| <p>1 (Off the record discussion.)</p> <p>2 MR. COMBS: So we're back on the</p> <p>3 record.</p> <p>4 BY MR. PLOUFF:</p> <p>5 Q. And my next question is, when did you</p> <p>6 first look at Dr. Iakovlev's report on</p> <p>7 Mrs. Kaiser?</p> <p>8 A. Okay. It was after I had already</p> <p>9 processed my part of her tissues and done my</p> <p>10 microscopic evaluation.</p> <p>11 Q. The tissue that you looked at for</p> <p>12 Mrs. Kaiser, did it appear to be preserved</p> <p>13 properly?</p> <p>14 A. Well, it was sent informally, but</p> <p>15 similar to Mrs. Wroble, I don't know what was</p> <p>16 the time -- the fixation time, in other words,</p> <p>17 when was the tissue placed in formalin in the</p> <p>18 first place.</p> <p>19 Q. Would that affect the results at all?</p> <p>20 A. Absolutely. You know, if you have the</p> <p>21 tissues just in a container without any fixative</p> <p>22 they will dry and they will shrink, so yes, it</p> <p>23 affects the preservation of the tissues.</p> <p>24 Q. I mean, did you see any evidence of</p> <p>25 drying or shrinkage?</p> | <p>1 the report as to that, that it was placed in</p> <p>2 formalin for fixation, which it is not -- is not</p> <p>3 present in the report, so I really don't know if</p> <p>4 the pathologist at Northwestern put the tissue</p> <p>5 in formalin or if it was sent somewhere else and</p> <p>6 then upon arrival placed in formalin.</p> <p>7 Q. And if you wanted to determine when it</p> <p>8 was placed in formalin, how would you go about</p> <p>9 figuring that out?</p> <p>10 A. Oh, I don't know. It would have to be</p> <p>11 based on in your records. I don't know where</p> <p>12 the tissue was sent to, and I don't know if</p> <p>13 they, you know, have any notes as to when the</p> <p>14 tissue was placed in formalin.</p> <p>15 Q. Okay. When you say it's "placed in</p> <p>16 formalin for fixation," what does that "for</p> <p>17 fixation" mean?</p> <p>18 A. That means that you have what is</p> <p>19 pre-prepared containers with buffered formalin,</p> <p>20 that's formaldehyde 10 percent, and they come</p> <p>21 pre-prepared, so what the pathologists do in</p> <p>22 these cases is that they describe them, and then</p> <p>23 they place the tissue in these formalin</p> <p>24 containers. But in pathology we also have empty</p> <p>25 containers, so it's possible they put in an</p> |
| Page 11 | Page 13 |
| <p>1 A. Oh, yes, there is -- in all these</p> <p>2 cases, there is some degree of some shrinkage.</p> <p>3 In part it's due to -- perhaps in this case,</p> <p>4 which I don't know what was the -- what we call</p> <p>5 the ischemic time, meaning the time from when</p> <p>6 the tissue is excised to the time when it's put</p> <p>7 in formalin, it affects that. But also the</p> <p>8 formalin itself can cause shrinkage.</p> <p>9 Q. So how would you go about determining</p> <p>10 whether -- well, let me ask you this.</p> <p>11 Do you have an opinion in terms of</p> <p>12 what period of time -- well, no, let me rephrase</p> <p>13 that.</p> <p>14 Typically for a mesh sample like this,</p> <p>15 will a hospital pathologist put it in formalin,</p> <p>16 or will it come to them in formalin from the</p> <p>17 operating room?</p> <p>18 A. Right. In this particular case, if</p> <p>19 you see the pathology report dated November 13,</p> <p>20 2013, you would see that the specimen came</p> <p>21 fresh, so it was not placed in formalin.</p> <p>22 Q. Okay. And is there -- will a hospital</p> <p>23 pathologist after taking a look at the fresh</p> <p>24 sample typically put it in formalin?</p> <p>25 A. Yeah, but I would expect some note in</p> | <p>1 empty container as opposed to a form -- a</p> <p>2 prefilled formalin container.</p> <p>3 Q. And what does the term -- what does</p> <p>4 the phrase "for fixation" mean?</p> <p>5 A. Fixation means that you stop the</p> <p>6 ischemic time. "Ischemic time" means when you</p> <p>7 excise the tissue you cut off blood supply, and</p> <p>8 therefore, the tissue starts to degrade. So</p> <p>9 when you fix it means you basically fix that</p> <p>10 process, you -- to put a stop to it so the</p> <p>11 tissue doesn't continue to degrade. And you can</p> <p>12 look at it with -- in the microscope, and you</p> <p>13 will see that it is preserved.</p> <p>14 Q. Do you have any opinion when it comes</p> <p>15 to Mrs. Kaiser's tissue, and let's assume that</p> <p>16 it wasn't in formalin when the hospital</p> <p>17 pathologist looked at it, how much time would</p> <p>18 have to elapse between that pathologist looking</p> <p>19 at it and it being placed in formalin for any of</p> <p>20 the shrinkage to be due to that period of time?</p> <p>21 A. Well, I really don't know. I cannot</p> <p>22 based on her tissues assess the ischemic time,</p> <p>23 but I can tell you -- you know, exactly. But I</p> <p>24 can tell you that her tissues were preserved, in</p> <p>25 fact. You could evaluate them with no problem.</p> |

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| <p style="text-align: right;">Page 14</p> <p>1 So I don't assume that the ischemic time -- the</p> <p>2 ischemic time in this particular -- in</p> <p>3 Ms. Kaiser was very prolonged.</p> <p>4 Q. And what do you mean by "not very</p> <p>5 prolonged"?</p> <p>6 A. Well, when you see degeneration, you</p> <p>7 see a lot of autolysis in the tissues, you know,</p> <p>8 the inflammatory cells start to look very</p> <p>9 distorted, because the lymphocytes in particular</p> <p>10 are very fragile. So any autolysis that occurs,</p> <p>11 meaning degradation to the tissue due to lack of</p> <p>12 fixation, you would see that.</p> <p>13 So if you have a pre-machine type</p> <p>14 specimen where the blood vessels are healthy</p> <p>15 where you can assess the quality of the</p> <p>16 connective tissue of the inflammatory cells,</p> <p>17 then that's a well-preserved specimen.</p> <p>18 Q. So, I mean, when you use the term "not</p> <p>19 a very prolonged amount of time," you know, does</p> <p>20 that mean within hours, within days, within</p> <p>21 months?</p> <p>22 A. Right.</p> <p>23 Q. Can you be any more specific on that?</p> <p>24 A. Sorry, yes. You know, basically if</p> <p>25 you let tissue stand for too long without any</p> | <p style="text-align: right;">Page 16</p> <p>1 you can have fibroconnective tissue not put in</p> <p>2 formalin for days and sometimes even months and</p> <p>3 nothing would happen.</p> <p>4 And the reason why I'm saying to you</p> <p>5 that I think it's less than 24 hours is because</p> <p>6 I could see the inflammatory cells, I could see</p> <p>7 the vessels, so they were actually well</p> <p>8 preserved, so my opinion is that it had to be</p> <p>9 less than 24 hours. Now, to give you an exact</p> <p>10 time before that, I cannot.</p> <p>11 Q. Do you think that if the tissue was</p> <p>12 placed in the formalin after 12 hours that you</p> <p>13 would be able to see the inflammatory cells in</p> <p>14 the vessels?</p> <p>15 A. Yes, you could see inflammatory cells,</p> <p>16 but you can also see areas were -- are not so</p> <p>17 well preserved. So you would see, for example,</p> <p>18 some what we call crushing artifact, you know,</p> <p>19 where -- or streaming artifact. You will see</p> <p>20 some artifactual distortion.</p> <p>21 Q. And did you see artifactual distortion</p> <p>22 here?</p> <p>23 A. I may have. I don't have it in my</p> <p>24 notes, so it was probably something that I could</p> <p>25 dismiss. There are certain artifacts in</p> |
| <p style="text-align: right;">Page 15</p> <p>1 preservation, it will start to autolyze. There</p> <p>2 are certain tissues that degrade much rapidly.</p> <p>3 In other words, for example, liver or kidney or</p> <p>4 certain tissues, they degrade pretty fast. And</p> <p>5 there are others, like connective tissue, that</p> <p>6 degrade much slower. And, for example, if you</p> <p>7 have collagen, it may be preserved for longer.</p> <p>8 So that means days.</p> <p>9 Q. Okay. And the -- you know, if you're</p> <p>10 speaking to another pathologist, some of these</p> <p>11 phrases might mean something like not very</p> <p>12 prolonged or too long or pretty fast, but to me</p> <p>13 I'm trying to get a better handle on the time</p> <p>14 frame here. I mean, do you have an opinion that</p> <p>15 this tissue was placed in formalin within</p> <p>16 24 hours of the pathologist looking at it?</p> <p>17 A. Yeah, based on the preservation, my</p> <p>18 estimate is that, yes, that it was probably</p> <p>19 placed before 24 hours.</p> <p>20 Q. Can you say whether it was placed</p> <p>21 within four hours?</p> <p>22 A. No, I cannot give you that time frame,</p> <p>23 because I really -- I really don't know, because</p> <p>24 the -- for the most part, this is</p> <p>25 fibroconnective tissues, and I said to you that</p> | <p style="text-align: right;">Page 17</p> <p>1 pathology that pathologists are used to look at,</p> <p>2 and basically you just disregard them.</p> <p>3 Q. So is it artifactual distortion can be</p> <p>4 seen in a situation where there's been some</p> <p>5 period of time that's gone by before the tissue</p> <p>6 is placed in the formalin?</p> <p>7 A. Yes. You know, every time you don't</p> <p>8 fix a tissue right away, it might cause some</p> <p>9 form of distortion. I mean, distortion is</p> <p>10 caused by many factors, not just the fixation.</p> <p>11 It is also caused by the processing of the</p> <p>12 tissue itself.</p> <p>13 Q. I mean, can you -- given the fact that</p> <p>14 you could see the inflammatory cells in the</p> <p>15 vessels, can you say that this tissue was placed</p> <p>16 in the formalin within 18 hours of the -- within</p> <p>17 18 hours?</p> <p>18 A. Yes. Likely, yes. It is</p> <p>19 well-preserved, so I would expect that the</p> <p>20 tissue was placed in formalin even at the time</p> <p>21 -- after the pathologists initially performed</p> <p>22 their evaluation at Northwestern.</p> <p>23 Q. Oh, okay. So you're saying that from</p> <p>24 all -- you have no reason to suspect that the</p> <p>25 tissue was not placed in the formalin</p> |

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| <p>1 immediately after the pathologists looked at it, 2 is that right? 3 A. Correct. Yes. 4 Q. Okay. And so the -- you know, given 5 the fact that it appears that the tissue was 6 immediately placed in the formalin, do you think 7 that if there was any shrinkage of the mesh it 8 could be due to the delay in placing the tissue 9 in the formalin? 10 A. Well, as I -- 11 MR. COMBS: Object to form. 12 A. Sorry. Should I... 13 MR. COMBS: Yes. No, you can answer. 14 A. Yes, there are certain things that can 15 be due to the time, what I said, the ischemic 16 time, or it could be the formalin itself, 17 because formalin is known to shrink tissue as 18 well. 19 BY MR. PLOUFF: 20 Q. Okay. And do you know, shrink tissue 21 or shrink mesh? 22 A. No, shrink tissues. 23 Q. Okay. Did you see any shrinkage of 24 the mesh in Ms. Kaiser's case? 25 A. Well, there's no shrinkage of mesh.</p> | <p>1 Q. And when you're referring to "ischemic 2 time," does that time start when the tissue is 3 explanted from the body? 4 A. Correct, because once you cut off the 5 blood supply, once you cut in the, you know, the 6 nourishment of the tissues, then the tissues 7 start to degrade. That's known, because 8 obviously you don't have the support system. 9 It's just like when you have, you know, a skin 10 wound, you see that, you know, once it detaches 11 from the blood supply it's dead, dead skin. 12 It's the same concept. 13 Q. Do you have an opinion as to whether, 14 you know, any -- as to what extent Mrs. Kaiser's 15 tissue shrink was due to ischemic time? 16 A. Well, first of all, I don't know if 17 she had any ischemic time. We just talked about 18 that. We don't know for how long the tissue was 19 not placed in formalin, so I cannot have an 20 opinion as to whether her ischemic time caused 21 shrinkage because I really don't know what time 22 she -- this tissue was placed in formalin. 23 The only thing I can tell you is that 24 based on the preservation of the tissues, I 25 assume that after the pathologists looked at</p> |
| Page 19 | Page 21 |
| <p>1 The mesh is embedded in this fibrous tissue, and 2 the fibrous tissue is the one that actually 3 shrinks and contracts. The mesh in itself is 4 just embedded into it. It's just a framework. 5 What shrinks or, you know, or remodels is the 6 collagen that it's ingrown into -- it's 7 incorporated into that mesh. 8 Q. How long would the ischemic time have 9 to be for the tissue to contract due to the 10 amount of ischemic time? 11 A. As I said, it depends on the tissues. 12 It depends on what kind of tissues -- 13 Q. On Ms. Kaiser's -- 14 A. Right. The problem with this case is 15 that not only you have fibroconnective tissue, 16 but you can also have surrounding adipose 17 tissue, and that tends also to shrink. 18 Q. My question simply had to do with, you 19 know, how much ischemic time would there have to 20 be to cause any shrinkage of the tissue in 21 Mrs. Kaiser's case? 22 A. I cannot give you an exact time. It 23 could be days or it could be weeks, I don't 24 know. As I said to you, collagen usually takes 25 time to degrade, so...</p> | <p>1 this tissue, they placed it immediately in 2 formalin. And I receive it in formalin, so 3 there is no reason for me to believe that it 4 wasn't done right away. 5 Q. And, you know, this is just due to my 6 ignorance on the subject of ischemic time, but 7 it appears to me that, you know, even if it was 8 placed in the formalin immediately by a 9 pathologist, there would still be some period of 10 time that elapsed between when it was explanted 11 from Mrs. Kaiser and when the pathologist looked 12 at it, and wouldn't that qualify as ischemic 13 time? 14 A. Yes, that's right. The problem is 15 that sometimes, let's say you have an excision, 16 right, an excision occurs in the operating room, 17 then that tissue obviously has to be sent to 18 pathology. The time of transportation is taken 19 into account. Then we don't know -- let's say 20 the surgery occurs late in the day, may not be 21 delivered to the pathology laboratory until the 22 following day, it may be placed in a 23 refrigerator. You know, there are so many other 24 variables that come into play with this, so it 25 depends --</p> |

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| <p style="text-align: right;">Page 22</p> <p>1 Q. Is it evident --</p> <p>2 A. I'm sorry.</p> <p>3 -- it depends on what time -- we would</p> <p>4 have to look at the collection time in the</p> <p>5 medical system, and then the accession time or</p> <p>6 receiving time in the laboratory to really</p> <p>7 assess ischemic time.</p> <p>8 Q. Okay. And do you have any opinion as</p> <p>9 to whether or not the period of time that</p> <p>10 elapsed between when the specimen was collected</p> <p>11 in Ms. Kaiser's case and when the pathologist</p> <p>12 looked at it, whether that ischemic time caused</p> <p>13 any shrinkage of tissue?</p> <p>14 A. Based on the appearance of the</p> <p>15 tissues, I do not believe that the ischemic time</p> <p>16 was of relevance here, and --</p> <p>17 Q. Okay. So you don't think that any of</p> <p>18 the shrinkage of the tissue was due to ischemic</p> <p>19 time in Ms. Kaiser's case, is that correct?</p> <p>20 A. Correct. Right.</p> <p>21 Q. And then turning to the formalin</p> <p>22 aspect of this, do you have any opinion whether</p> <p>23 the formalin caused a shrinkage of the tissue?</p> <p>24 A. Yes, formalin always causes shrinkage</p> <p>25 of tissue. Always.</p> | <p style="text-align: right;">Page 24</p> <p>1 pathologist like yourself, are you ever asked by</p> <p>2 a treating doctor if there's anything in the</p> <p>3 tissue that you examine that could cause pain?</p> <p>4 A. Yes, we have -- we have been -- yes,</p> <p>5 pathologists like myself have -- request</p> <p>6 sometimes of what could possibly cause the pain</p> <p>7 in a patient, yes.</p> <p>8 Q. Give me some examples of that, if you</p> <p>9 would.</p> <p>10 A. For example, if you have -- if the</p> <p>11 clinician suspects any form of inflammation in</p> <p>12 the colon, for example colitis, then you have --</p> <p>13 you know, if they think that that's the source</p> <p>14 of the pain, then, you know, you're asked to</p> <p>15 give an opinion as to whether there is</p> <p>16 inflammation, how severe it is, and if it really</p> <p>17 affects, you know, the main aspects of the</p> <p>18 tissue, like, for example, glands.</p> <p>19 So you -- there are many ways to go</p> <p>20 around pain. It depends on the pain, and it</p> <p>21 depends on the findings on the histology. And</p> <p>22 many times, and oftentimes, you know, the</p> <p>23 clinician thinks there is pain -- not thinks</p> <p>24 there is pain, no, that the patient reports</p> <p>25 pain, the physician feels that there's pain in a</p> |
| <p style="text-align: right;">Page 23</p> <p>1 Q. Can you quantify that in any way?</p> <p>2 A. Yes, it's about -- the range is</p> <p>3 usually between 4 to 10 percent of the tissue</p> <p>4 volume.</p> <p>5 Q. Okay. You reviewed the records of the</p> <p>6 explanting physician, Dr. Lisa Johnson, is that</p> <p>7 right?</p> <p>8 A. Yes, I did.</p> <p>9 Q. And what is your understanding as to</p> <p>10 why Dr. Johnson removed some of Mrs. Kaiser's</p> <p>11 Prolift mesh?</p> <p>12 A. Okay. Well, what I saw in the records</p> <p>13 is that she was having several complaints. She</p> <p>14 was having complaints of pain during</p> <p>15 intercourse, she was having complaints of pain</p> <p>16 while she was sitting, standing, walking. She</p> <p>17 was having bladder spasms, groin pain. And then</p> <p>18 when they did -- when Dr. Johnson examined her,</p> <p>19 she found that she could palpate the vaginal</p> <p>20 mesh, and that there was any stricture, and she</p> <p>21 that had tenderness in the area. So I guess</p> <p>22 with the vaginal stricture and her pains, they</p> <p>23 just -- and the palpation of the mesh that they</p> <p>24 decided to explant the mesh.</p> <p>25 Q. Are you -- just in general, a</p> | <p style="text-align: right;">Page 25</p> <p>1 certain area, but the histology doesn't show the</p> <p>2 changes.</p> <p>3 Q. And in that situation do you accept</p> <p>4 that the patient can still have pain regardless</p> <p>5 of the histology not supporting it?</p> <p>6 A. That is correct, yes. That -- the</p> <p>7 fact that you don't see it in histology doesn't</p> <p>8 rule the symptom -- doesn't rule out that the</p> <p>9 patient has pain.</p> <p>10 Q. And other than -- I found your colon</p> <p>11 example very interesting. Any other examples</p> <p>12 where, in other organs, where you're sometimes</p> <p>13 asked by a treating doctor whether the tissue</p> <p>14 would be corroborative of pain?</p> <p>15 A. Yes. For example, in many other</p> <p>16 organs, like, for example, bone, you know, if</p> <p>17 the, you know, patient experiences, let's say,</p> <p>18 pain at night, then the doctor, you know,</p> <p>19 believes the pain is caused, for example, by a</p> <p>20 tumor, then you obviously look for the cause of</p> <p>21 that pain. And if you find tumor, that's the</p> <p>22 likely cause of the pain in that patient.</p> <p>23 Q. So the colon, the bone, other</p> <p>24 examples --</p> <p>25 A. Oh, no, there are many examples. You</p> |

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| <p style="text-align: right;">Page 26</p> <p>1 know, every -- you know, different organs and 2 different tissues can give you information as to 3 whether there is pain or not, except that there 4 are some times when, you know, the patient 5 experiences pain, but you cannot definitely 6 correlate it or you cannot correlate it at all. 7 Q. Okay. So just in terms of like, I was 8 going to ask you the top five in terms of 9 situations as a pathologist where you've been 10 asked by a treating doctor whether what you were 11 looking at in a tissue sample could cause pain, 12 I assume a couple in the five would be the colon 13 and the bone. Is there anything that you could 14 add to that that would round out the top five? 15 A. Well -- 16 MR. COMBS: And -- 17 A. I'm sorry. 18 MR. COMBS: And objection to the form. 19 But also, Tom, I mean, obviously this is totally 20 a general deposition, and Dr. Abadi got deposed 21 on general cause issues and her general report 22 on Tuesday, so this is supposed to be a 23 deposition focusing on Ms. Kaiser. 24 MR. PLOUFF: Right. And because 25 Ms. Kaiser has complaints of pain, I think it's</p> | <p style="text-align: right;">Page 28</p> <p>1 you, you can have colon, you can have bone, you 2 can have bladder. If you have urothelium in the 3 bladder, you can have it in soft tissues. I 4 mean, there are many organs where you can find a 5 source of pain. 6 BY MR. PLOUFF: 7 Q. So there are many different organs 8 where physicians had asked you whether the 9 tissue sample from that organ could be 10 corroborative of a complaint of pain, is that 11 right? 12 A. Yes, that is correct. 13 Q. Have there been any situations you've 14 been in, not as an expert witness, but as a 15 treating pathologist, where you've been asked by 16 a treating physician whether any tissue you 17 looked at from the vagina could be a cause of 18 complaint of vaginal pain? 19 MR. COMBS: Object to form. 20 A. No. Normally for the vagina, the 21 requests are a little different. 22 BY MR. PLOUFF: 23 Q. Okay. 24 A. So, in other words, you know, mostly 25 when a doctor conducts a biopsy of the vagina,</p> |
| <p style="text-align: right;">Page 27</p> <p>1 an appropriate area of inquiry. 2 BY MR. PLOUFF: 3 Q. So go ahead, Doctor. 4 A. Well, I wouldn't -- it's not based on 5 organs, it's based on etiology. In other words, 6 you know, when the doctors, you know, request or 7 they are concerned about pain in a patient, they 8 are not -- it's not about the organ in itself, 9 it's about what could cause that pain, what -- 10 if you can find a cause to that pain. And 11 sometimes, as I said, you cannot. 12 And so what you would look for is -- 13 as I mentioned in my general deposition, you 14 would look for causes of pain like ulceration, 15 like infection, like acute inflammation, like 16 necrosis, or more often than not in our 17 practice, neoplasms. 18 Q. Right. And I understand that from 19 your general deposition, but I'm asking you if 20 you can simply give me the top five situations 21 that you've experienced with treating physicians 22 where you were asked whether the tissue would 23 support a claim of pain. 24 MR. COMBS: Object to form. 25 A. Well, you can have -- as I said to</p> | <p style="text-align: right;">Page 29</p> <p>1 it's usually to look for other things. 2 Q. Okay. You know that, in terms of the 3 mesh that was implanted in Mrs. Kaiser, that it 4 was Prolift mesh, is that right? 5 A. Yes, that is correct, that's what I 6 have in my records. 7 Q. Were all five of your reports on 8 Prolift mesh? 9 A. No. I had Gynecare mesh, Gynemesh, 10 Prolene Soft. 11 Q. How many were for mesh for pelvic 12 organ prolapse repair? 13 A. I think there were five. 14 Q. Okay. And do you know whether in all 15 five cases that the -- that an indication for 16 the removal of mesh was pain? 17 MR. COMBS: Object to form. 18 A. If in all five it was for pain? Is 19 that -- 20 BY MR. PLOUFF: 21 Q. Yes. 22 MR. COMBS: Yes. And also just object 23 again. I mean, this is not a question about 24 Ms. Kaiser's case. 25 MR. PLOUFF: Well, it relates to her</p> |

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| <p style="text-align: right;">Page 30</p> <p>1 credibility on Mrs. Kaiser's case. 2 BY MR. PLOUFF: 3 Q. Go ahead, Doctor. 4 A. Okay. So the patients in all five -- 5 in all of those five cases, they have different 6 complaints, among them was pain, but the pain 7 was in different ways. I mean, pain either by 8 dyspareunia or spasm or, you know, different 9 types of pain. 10 Q. Okay. But a common thread that ran 11 through the five mesh cases you reported on is 12 that there was a complaint of pain in some 13 respect that gave rise to the explant of the 14 mesh, is that correct? 15 MR. COMBS: Object to form. 16 A. Yes, in the cases that I reviewed, 17 yes, the complaint of pain was one of the 18 factors that were taken into account for the 19 removal of the mesh. 20 BY MR. PLOUFF: 21 Q. Okay. How many hours have you put 22 into Mrs. Kaiser's case? 23 A. Ms. Kaiser was about, I would say, 24 30 hours. 25 Q. Did you -- have you -- have you billed</p> | <p style="text-align: right;">Page 32</p> <p>1 well, did you say your billing rate was \$500 an 2 hour? 3 A. Yes. That is correct, yes. 4 Q. And is that the same for whether 5 you're reviewing the records or giving 6 deposition or trial testimony? 7 A. Yes. 8 Q. Okay. Now, I want to go through 9 Dr. Iakovlev's report with you, and I 10 think the -- 11 MR. PLOUFF: If I could have the 12 reporter mark that as Exhibit 1. 13 (Whereupon, Abadi Exhibit Number 1, 14 Dr. Iakovlev's Report titled 15 Clinico-Pathological Correlation of 16 Complications Experienced by Ms. 17 Barbara Kaiser, was marked for 18 identification.) 19 MR. PLOUFF: It's a 29-page report. 20 A. I think it's already been marked. 21 BY MR. PLOUFF: 22 Q. Okay. So turning to Page 10 of that 23 report, do you see where there's a Figure BK1? 24 A. Yes, I see that. 25 Q. Now, do you have a picture of the</p> |
| <p style="text-align: right;">Page 31</p> <p>1 for that time yet? 2 A. Well, I have a basically general bill 3 that included, you know, all five cases and also 4 my general report. It's not itemized. 5 Q. Was that bill marked as an exhibit 6 during your general deposition the other day? 7 A. No. I brought it, but it wasn't 8 marked. 9 Q. Okay. Do you have it with you today? 10 A. No, I did not because I didn't -- I 11 wasn't asked during my general deposition. I 12 didn't bring it today. 13 Q. Sure. Do you have -- have you put any 14 time -- since you issued that bill, have you put 15 in any additional time into your Ethicon work? 16 A. Yes, but I haven't submitted any 17 additional time. But I have, yes. 18 Q. And do you have an estimate of the 19 additional time range? 20 A. Yes, I gave it on Tuesday. My 21 original -- 22 Q. Don't worry about it then. Don't 23 worry about it. 24 A. Okay. All right. 25 Q. Yes. And what did you say your --</p> | <p style="text-align: right;">Page 33</p> <p>1 gross specimen before division that's comparable 2 to this, or not? 3 A. No, I don't. 4 Q. Okay. And you accept the fact that 5 what's depicted here in Figure 1 is the picture 6 of the gross specimen of the mesh and tissue 7 that was explanted by Dr. Johnson for 8 Mrs. Kaiser, is that right? 9 A. Yes, I assume that this was before the 10 division took place. Right? 11 Q. Okay. Yes. 12 A. Yes. 13 Q. All right. And you accept that all of 14 the figures of mesh and tissue that are depicted 15 in Pages 11 to 29 of Dr. Iakovlev's report are 16 from -- pertain to Mrs. Kaiser, is that correct? 17 A. Let me see. 18 (Witness reviewing document.) 19 A. Yeah, I assume that he took all these 20 pictures from Ms. Kaiser's tissues. 21 BY MR. PLOUFF: 22 Q. Okay. And you -- were you present 23 when the tissue was divided? 24 A. No, I wasn't. 25 Q. And do you know when that happened?</p> |

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| <p style="text-align: right;">Page 34</p> <p>1 A. No, I have no idea.</p> <p>2 Q. Okay. When -- I think I asked this of</p> <p>3 you earlier, but I forget the answer. When did</p> <p>4 you say you -- did you have a date when you</p> <p>5 first looked at Mrs. Kaiser's tissue?</p> <p>6 A. Yes, I mentioned to you that that date</p> <p>7 is in the chain of custody, and that I don't</p> <p>8 recall it.</p> <p>9 Q. Oh, okay. And do you know -- and when</p> <p>10 did you first draft your report on this case?</p> <p>11 A. So after I received the tissues, then</p> <p>12 I processed them, then I evaluated them, and</p> <p>13 that's when I started writing my draft, you</p> <p>14 know, based on my observations of the tissues</p> <p>15 and the, you know, the microscopy.</p> <p>16 Q. And the next thing you did apparently</p> <p>17 was you saw Dr. Iakovlev's report and you were</p> <p>18 responding to some of the things that he opined</p> <p>19 on, is that right?</p> <p>20 A. Yes, correct. After constructing my</p> <p>21 report based on the medical records, and my own</p> <p>22 observations of the tissue, then it's -- when I</p> <p>23 received his report, and then I started my</p> <p>24 opinions of his report.</p> <p>25 Q. Okay. And when did you complete that</p> | <p style="text-align: right;">Page 36</p> <p>1 Q. And then you -- at some point you</p> <p>2 looked at those, is that right?</p> <p>3 A. Yes. Let me just check in my report,</p> <p>4 because I think that was -- yeah, I think that</p> <p>5 was part of the delay, because initially I just</p> <p>6 had my slides, and then I received his slides</p> <p>7 later on.</p> <p>8 Q. And have you returned those slides?</p> <p>9 A. Yes, everything has been returned.</p> <p>10 Even my slides -- even my slides were sent to, I</p> <p>11 believe, Dr. Iakovlev at this point.</p> <p>12 Q. Okay. And have you provided to</p> <p>13 Dr. Iakovlev the specimens and slides that you</p> <p>14 were working with?</p> <p>15 A. Yes, I provided him with everything,</p> <p>16 except that obviously the gross tissue is no</p> <p>17 longer available because he's made into slides.</p> <p>18 But all the slides were provided to him, yes,</p> <p>19 all the stains.</p> <p>20 Q. Okay. Now, in terms of the five --</p> <p>21 Well, actually, let me ask it this</p> <p>22 way, because you talked earlier about how you</p> <p>23 had reviewed 10 mesh explantations for Ethicon</p> <p>24 and reported on five, correct?</p> <p>25 A. Correct, I started the review -- I did</p> |
| <p style="text-align: right;">Page 35</p> <p>1 process?</p> <p>2 A. As I said, for Ms. Wroble, it was that</p> <p>3 weekend that everything was completed. That was</p> <p>4 before the March 16th deadline.</p> <p>5 Q. Okay. So let's see here. Let me go</p> <p>6 back and look at my calendar. March 16th was on</p> <p>7 a Wednesday, so you're saying your report on the</p> <p>8 Kaiser case was finalized on that -- the</p> <p>9 Saturday or Sunday before the March 16th?</p> <p>10 A. Yes, pretty much. It was just -- it</p> <p>11 was already written, it was just a matter of,</p> <p>12 you know, correcting some things here and there.</p> <p>13 Q. Okay.</p> <p>14 A. Editing basically.</p> <p>15 Q. How much sooner had it been already</p> <p>16 written?</p> <p>17 A. It was -- I would have to look at the</p> <p>18 dates when I received all the materials, but</p> <p>19 basically it was already -- it had been already</p> <p>20 written a week or so before.</p> <p>21 Q. Okay. And there were certain slides</p> <p>22 that were created by Dr. Iakovlev, is that</p> <p>23 right?</p> <p>24 A. There were certain slides that were</p> <p>25 created by Dr. Iakovlev, yes.</p> | <p style="text-align: right;">Page 37</p> <p>1 not complete the review on the others,</p> <p>2 because --</p> <p>3 Q. Okay. I'll just refer to them as the</p> <p>4 first five. But did those first five involve</p> <p>5 mesh explanted for pelvic organ prolapse?</p> <p>6 A. Oh, I don't recall. I don't recall</p> <p>7 what the specifics were for those cases.</p> <p>8 Q. Okay. Do you know if there were any</p> <p>9 evidence of erosion of the vagina for those</p> <p>10 first five?</p> <p>11 A. No, I did not have enough time to</p> <p>12 assess all that. I basically got -- some of the</p> <p>13 slides, some of the sets were incomplete, and</p> <p>14 some medical records. That was it. It was too</p> <p>15 premature.</p> <p>16 Q. And the five that you --</p> <p>17 A. Yeah, sorry.</p> <p>18 Q. No, I'm -- it's hard when it's over</p> <p>19 the phone to know when you've stopped with your</p> <p>20 answer, so I'm trying to wait, but if I don't</p> <p>21 just tell me you have more to say.</p> <p>22 The five that you reported on, how</p> <p>23 many of those did you see evidence of erosion?</p> <p>24 MR. COMBS: Yeah, and again,</p> <p>25 objection. This is totally going to the general</p> |

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| <p style="text-align: right;">Page 38</p> <p>1 deposition. This is why we had a deposition on 2 Tuesday. You know, Tom, I've given you just 3 scads of leeway on this, but, you know, this 4 isn't about Ms. Kaiser's case. 5 MR. PLOUFF: Well, I think it relates 6 to her credibility on Mrs. Kaiser's case. 7 MR. COMBS: This is not what the 8 purpose of this deposition is. The purpose of 9 this deposition is for you to ask questions 10 about Ms. Kaiser's case. If you wanted to ask 11 questions about the general -- about other 12 cases, what she did with the other 10, those are 13 the questions that were to be asked on Tuesday. 14 That's not what this is about. 15 MR. PLOUFF: Well, I, you know, I 16 suppose in the eyes of the beholder in terms of 17 what is a case-specific question. But I think 18 that if it relates to her opinions on 19 Mrs. Kaiser's case, it relates to her 20 credibility on Mrs. Kaiser's case, that they are 21 appropriate. 22 MR. COMBS: That's not what this 23 deposition is about. Let's call Judge Eifert 24 and just get this resolved, because we're not 25 going to have a deposition of two hours of</p> | <p style="text-align: right;">Page 40</p> <p>1 cases in this case in this case-specific 2 deposition. Thank you, Tom. 3 MR. PLOUFF: Sure. And I can give you 4 a continuing objection on that also. 5 BY MR. PLOUFF: 6 Q. In those one or two cases where you 7 saw erosion, did you attribute any of the 8 erosions to the transvaginal mesh? 9 A. The mesh was in the vicinity, but the 10 erosions that I identified were not related to 11 the mesh specifically. 12 Q. Okay. Now, the -- and obviously in 13 Dr. Iakovlev's report, you know, he has these 14 figures, you know, 2 to 20 is it, and I think 15 that your report has four figures attached to 16 it. Would it be fair to say that the tissues 17 that you looked at had the same features as the 18 tissues that Dr. Iakovlev looked at? 19 A. Yes, that is correct. 20 Q. Okay. Now I want to start walking 21 through some of these Iakovlev figures. 22 A. Yes. 23 Q. And Figure 2, for example -- or yeah, 24 I'm just going to -- I'm going to knock out the 25 BK, I'm just going to refer to them as Figure 2</p> |
| <p style="text-align: right;">Page 39</p> <p>1 questions about other cases that aren't 2 Ms. Kaiser's case, so let's -- 3 MR. PLOUFF: Okay. Go ahead and get 4 Judge Eifert on the phone then. 5 MR. COMBS: Yeah, I'm going to. I'm 6 going to try to get her phone number. 7 We can go off the record now. 8 (Off the record discussion.) 9 (Whereupon, phone call to Judge Eifert 10 was made from 11:12 a.m. to 11 11:30 a.m.) 12 BY MR. PLOUFF: 13 Q. Okay. Doctor, on the five cases that 14 you reported on for Ethicon, did you see erosion 15 in any of the tissue? 16 A. Yes, I did. 17 Q. In how many of the five? 18 A. I believe it was one. It may have 19 been two, but I -- as far as I remember right 20 now, one. 21 Q. And in the one or two where you saw -- 22 MR. COMBS: And objection. Tom, 23 excuse me. I'm trying to interpose an 24 objection. 25 Objection to the use of these other</p> | <p style="text-align: right;">Page 41</p> <p>1 at Page 11. The middle picture there, you see 2 some yellow areas designated, is that right? 3 A. Yes. Yes, I do. 4 Q. Do those represent the spaces in the 5 mesh, between the mesh fibers? 6 A. Well, as a pathologist I would prefer 7 to rely on -- upon the first figure, because the 8 rest is just his drawings, so I would not 9 consider that any scientific measure of how the 10 pores look. So I would rather base my 11 assessment on the first figure, because the rest 12 is just -- he's drawing over what's supposed to 13 be the pores. 14 Q. Okay. Well, what he says is 15 represented by the yellow in the middle picture 16 are spaces between the mesh fibers, and if you 17 want to look at the top picture you can do that, 18 but I'm going to relate the yellow in the middle 19 to the white in the top and say, you know, do 20 you agree that the areas that he says in yellow 21 are spaces in the mesh are, in fact, spaces in 22 the -- between the mesh fibers? 23 A. Yes, it appears to be so. 24 Q. Okay. Do you -- in the bottom figure 25 he is putting yellow what he believes the likely</p> |

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| <p style="text-align: right;">Page 42</p> <p>1 plane of the mesh was. Do you have a -- do you</p> <p>2 agree with what he opines is the likely plane of</p> <p>3 the mesh?</p> <p>4 A. Absolutely not.</p> <p>5 Q. Okay. Do you have an --</p> <p>6 A. That is only belief. That's only make</p> <p>7 believe that -- that's completely arbitrary from</p> <p>8 his part.</p> <p>9 Q. Do you have an opinion on what the</p> <p>10 most likely plane of the mesh was in the top</p> <p>11 picture in Figure 2?</p> <p>12 A. Well, first of all, you cannot -- with</p> <p>13 these tissue fragments and with what was</p> <p>14 received from Ms. Kaiser, you cannot give an</p> <p>15 opinion as to the orientation of this tissue in</p> <p>16 vivo.</p> <p>17 First of all, if you go back to Figure</p> <p>18 Number 1 just for -- you know, to walk from that</p> <p>19 figure to Number 2, there are three pieces. The</p> <p>20 surgeon that excised the mesh, in this case</p> <p>21 Dr. Johnson, I believe, did not say how these</p> <p>22 three pieces were positioned in the body. There</p> <p>23 is no indication what is interior, what is</p> <p>24 posterior, what is caudal, what is cephalad, so</p> <p>25 you have no orientation whatsoever of these</p> | <p style="text-align: right;">Page 44</p> <p>1 the three mesh and tissue samples you see in</p> <p>2 Figure 1 on Page 10 of the Iakovlev report came</p> <p>3 from that palpable tense band?</p> <p>4 A. Well, you know, according to her</p> <p>5 report she said that she excised some of the</p> <p>6 mesh, but I don't know what is left or what is</p> <p>7 right.</p> <p>8 Q. Do you know it all came from the</p> <p>9 palpable tense band that she refers to?</p> <p>10 A. I have no -- I don't know how much of</p> <p>11 that tense band meant the mesh, or what was</p> <p>12 other tissues incorporated into that. I have no</p> <p>13 idea, because when she submitted these tissues,</p> <p>14 the only thing she said was vaginal mesh. She</p> <p>15 did not explain where exactly in the vagina or</p> <p>16 where in that tense band she took this tissue</p> <p>17 from.</p> <p>18 Q. Okay. The -- going back to</p> <p>19 Dr. Iakovlev's report at Page 11, Figure 2, the</p> <p>20 very top picture there, do you -- does that show</p> <p>21 folded mesh?</p> <p>22 A. Again, you know, these tissues, after</p> <p>23 they have been excised, they go through a lot of</p> <p>24 manipulation. They are go -- they go through</p> <p>25 manipulation during excision because the surgeon</p> |
| <p style="text-align: right;">Page 43</p> <p>1 tissues, you don't know how they are placed.</p> <p>2 And you don't know how they are actually related</p> <p>3 to each other.</p> <p>4 So for that, to be -- to take that and</p> <p>5 just write lines, you know, and with a software</p> <p>6 to make believe that those are the planes is</p> <p>7 absolutely wrong. It's not even pathology</p> <p>8 methodology.</p> <p>9 MR. PLOUFF: Move to strike as</p> <p>10 non-responsive.</p> <p>11 BY MR. PLOUFF:</p> <p>12 Q. Doctor, my question to you is simply,</p> <p>13 do you have an opinion on what the likely plane</p> <p>14 of the mesh was on the top figure in figure --</p> <p>15 the top picture in Figure 2?</p> <p>16 A. And I'm saying that no, there is no</p> <p>17 way to determine the orientation of the fibers</p> <p>18 or the mesh in vivo, therefore, there is --</p> <p>19 based on these pictures, I can't give you the</p> <p>20 orientation of this mesh in vivo.</p> <p>21 Q. Okay. The -- you note in your report</p> <p>22 on the second unnumbered page regarding the</p> <p>23 Dr. Johnson surgery that there was a palpable</p> <p>24 tense band anteriorly from one ischial spine to</p> <p>25 the other. Do you have an opinion as to whether</p> | <p style="text-align: right;">Page 45</p> <p>1 is trying to pull the tissue out of the patient,</p> <p>2 and then they get manipulation when they go into</p> <p>3 pathology, and they are measured and they are</p> <p>4 cut. So this is after division, after that has</p> <p>5 been cut in the laboratory, it has been</p> <p>6 processed, and then cut again with a microtome.</p> <p>7 And so what you're seeing here is not a</p> <p>8 reflection of how that mesh looked in the</p> <p>9 patient. This is after too many factors, too</p> <p>10 many variables that have been introduced. So</p> <p>11 that would not be a reflection of how this mesh</p> <p>12 looked in the patient.</p> <p>13 Q. Okay.</p> <p>14 MR. PLOUFF: And I move to strike as</p> <p>15 unresponsive.</p> <p>16 BY MR. PLOUFF:</p> <p>17 Q. Doctor, I'm not asking you if this</p> <p>18 represents how the mesh looked in the patient.</p> <p>19 My question simply is, does the top picture in</p> <p>20 Figure 2 show folded mesh?</p> <p>21 A. No, you cannot assess folding with a</p> <p>22 bidimensional picture.</p> <p>23 Q. Does the top figure -- the top picture</p> <p>24 in Figure 2 show a dense collagenous scar?</p> <p>25 A. It just shows fibrosis. There's no</p> |

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| <p style="text-align: right;">Page 46</p> <p>1 way to assess density with a picture. 2 Q. Where -- in the middle picture of 3 Figure 2 where he's labeled certain areas as 4 scar, and you can look at the comparable areas 5 in the top picture if you prefer, but are those 6 areas, in your view, properly described as scar 7 tissue? 8 A. Whether you call it scar or 9 fibroconnective tissue or fibrosis is all the 10 same, it's type I collagen. 11 Q. So regardless of whether you call it 12 fibrosis or scar, you see he's properly 13 identified those areas, is that correct? 14 MR. COMBS: Object to form. 15 A. Well, I would not identify them as a 16 scar, just fibrosis. But if he wants to use 17 that term, it's fine. 18 BY MR. PLOUFF: 19 Q. Okay. So if I crossed out the word -- 20 in the middle picture if I crossed out the word 21 "scar" and I inserted the word "fibrosis," you 22 would agree that those areas show fibrosis, is 23 that right? 24 A. Yes. 25 Q. Okay. Was there any normal non-scar</p> | <p style="text-align: right;">Page 48</p> <p>1 think it's the four figures attached to your 2 report. Can you put that in front of you, 3 Doctor? 4 (Whereupon, Abadi Exhibit Number 2, 5 Four color figures, was marked for 6 identification.) 7 A. Sure. Absolutely. 8 BY MR. PLOUFF: 9 Q. Thank you. 10 A. I'm ready. 11 Q. Now, do any of your -- I see. So, for 12 example, in your first figure there you're 13 describing an area of fibrosis, is that right? 14 A. Correct. 15 Q. All right. And how do you -- how do 16 you -- how do you identify the fibrosis area? I 17 mean, is it everything that's pink in this 18 picture? 19 A. Yeah, when you see an H&E slide, the 20 fibrosis looks pink, it looks homogeneously 21 pink. 22 Q. Okay. Do any of your four figures 23 show any mesh fibers within a fibrosis area of 24 tissue? 25 MR. COMBS: Tom, could you repeat that</p> |
| <p style="text-align: right;">Page 47</p> <p>1 tissue with -- well, you're saying you don't see 2 any mesh folds in the top picture of Figure 2, 3 correct? 4 MR. COMBS: Object to form. 5 A. I just see the pores. I don't see any 6 folds. There's no way to assess folding with 7 just a -- folding is something that occurs just 8 as a trimensional concept. You cannot do that 9 with a photograph that is only showing you two 10 dimensions. 11 BY MR. PLOUFF: 12 Q. Do you -- is there no normal non-scar 13 tissue within the pore areas? 14 A. Well, this is a very low 15 magnification. I don't know if there are 16 vessels in-between the pores, I cannot see at 17 this magnification, it's a very low 18 magnification. 19 Q. Well, regardless of magnification, 20 based upon the Figure 2 pictures, can you see 21 any normal non-scar tissue within the pore area? 22 A. No, the picture only depicts the 23 fibrosis and the mesh. 24 Q. Okay. Do -- let's -- I think it's 25 already been marked perhaps as Exhibit 2, I</p> | <p style="text-align: right;">Page 49</p> <p>1 question? I could not hear you. 2 MR. PLOUFF: Sure. 3 BY MR. PLOUFF: 4 Q. I'm on your four figures right now. 5 My question is, do any of them show mesh fibers 6 within the area of fibrosis? 7 A. Yes, actually Figure 1, if you see I 8 put "Fibrosis" as a text box. Do you see that 9 in the first figure? 10 Q. Well, I'm reading the -- I'm reading 11 what you have there in the first figure, and 12 it's probably just due to my ignorance, Doctor, 13 but I'm trying to figure out if there are mesh 14 fibers shown within that figure or not. Are 15 there? 16 A. Yes. Actually, if you see the legend, 17 it says "Mesh associated with mild chronic 18 inflammation and fibrosis." 19 Q. Oh, I see, the blue area -- now I'm 20 with you. 21 A. Okay. 22 Q. So the mesh is indicated by the purple 23 in this slide? 24 A. Well, the mesh is actually, if you see 25 the empty spaces, you know, that's part of the</p> |

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| <p style="text-align: right;">Page 50</p> <p>1 mesh.</p> <p>2 Q. Yes.</p> <p>3 A. And if you see the top of the figure,</p> <p>4 there is a folded blue thing. Do you see that?</p> <p>5 Q. Yes.</p> <p>6 A. Well, that's actually a polypropylene</p> <p>7 fiber. That is -- because the fibers on</p> <p>8 histology look blue, so when they have been</p> <p>9 removed, what you'd get is empty spaces.</p> <p>10 Q. Okay. But what -- you have the arrow</p> <p>11 pointing to a purple area, is that correct?</p> <p>12 A. Right. That area is inflammation.</p> <p>13 Q. Oh, I see.</p> <p>14 Can you see any mesh -- other than the</p> <p>15 mesh that's the blue line at the very top, can</p> <p>16 you see any mesh anywhere else in Figure 1?</p> <p>17 A. Oh, yes, all those empty spaces that</p> <p>18 you see, if you were to polarize that, you would</p> <p>19 see mesh fibers.</p> <p>20 Q. So all the white areas?</p> <p>21 A. Correct.</p> <p>22 So what Dr. Iakovlev does for you is</p> <p>23 that he colors those spaces.</p> <p>24 Q. Okay. So on your Figure 1 where you</p> <p>25 have the arrow and then there's the purple area</p> | <p style="text-align: right;">Page 52</p> <p>1 Dr. Iakovlev's report, Page 12, Figure 3.</p> <p>2 A. Yes.</p> <p>3 Q. Do you see any dense collagenous scar</p> <p>4 in the top picture?</p> <p>5 A. I just see fibrosis, the same in all</p> <p>6 the three pictures.</p> <p>7 Q. Okay. Does the phrase "dense</p> <p>8 collagenous scar" mean anything to you?</p> <p>9 A. Yes, sometimes it's used in pathology</p> <p>10 when you see it more homogeneous than in some</p> <p>11 other cases, just to separate it from when you</p> <p>12 say "loose connective tissue." So when you</p> <p>13 see -- when you use the term "dense scar" or</p> <p>14 "dense fibrosis," it just means that it's more</p> <p>15 compact.</p> <p>16 Q. Okay. Do you see any areas of</p> <p>17 fibrosis in Figure 3 that are more compact?</p> <p>18 A. Which -- Figure 3 of Dr. Iakovlev, you</p> <p>19 mean?</p> <p>20 Q. Yes, yes.</p> <p>21 A. Yes, the fibrosis is pretty</p> <p>22 homogeneous in this picture.</p> <p>23 Q. When you say the fibrosis is</p> <p>24 homogeneous, is that the same thing as saying</p> <p>25 that the fibrosis is dense?</p> |
| <p style="text-align: right;">Page 51</p> <p>1 for inflammation next to that, and then to the</p> <p>2 right of that is this big white area, that big</p> <p>3 white area would all be mesh, is that right?</p> <p>4 A. Correct.</p> <p>5 Q. Okay. On your Exhibit 2, Doctor,</p> <p>6 could you simply write the word "mesh" into that</p> <p>7 white area, please?</p> <p>8 A. Into the white -- into the -- in my</p> <p>9 Figure 2?</p> <p>10 Q. In your Figure 1 I thought we were on.</p> <p>11 A. Oh, sorry. Okay.</p> <p>12 Q. The white area that's next to the blue</p> <p>13 arrow, the one to the right there, I believe</p> <p>14 you've designated that as mesh, if you could</p> <p>15 just write the word "mesh" in that.</p> <p>16 A. Yes.</p> <p>17 Q. Are you done?</p> <p>18 A. Almost (witness complies).</p> <p>19 Q. Okay.</p> <p>20 MR. COMBS: Do you want a thinner pen?</p> <p>21 A. No, it's just with my handwriting it</p> <p>22 may not look so clear.</p> <p>23 Yes, I did that.</p> <p>24 BY MR. PLOUFF:</p> <p>25 Q. Let's go to the next page of</p> | <p style="text-align: right;">Page 53</p> <p>1 A. Well, it just means that when you</p> <p>2 stain it, it's pretty much regular staining</p> <p>3 throughout.</p> <p>4 Q. Okay.</p> <p>5 A. In other words, if you see any area of</p> <p>6 this picture, you would see that the quality of</p> <p>7 the staining is the same.</p> <p>8 Q. And can you determine the density of</p> <p>9 the fibrosis?</p> <p>10 A. Yes, you can see whether -- you know,</p> <p>11 if you see a slide that contains different areas</p> <p>12 of the tissue, you can see areas where the</p> <p>13 fibrosis is a little bit more compact and dense</p> <p>14 than others.</p> <p>15 Q. Okay. The -- if you'd look at -- I'm</p> <p>16 sorry to flip back and forth with you, but on</p> <p>17 your four figures, Exhibit 2, can you use any of</p> <p>18 those pictures to show me where an area would be</p> <p>19 -- of the fibrosis is denser than other areas?</p> <p>20 A. Yes, absolutely. If you go to Figure</p> <p>21 2.</p> <p>22 MR. COMBS: So, Tom, it's Exhibit 2,</p> <p>23 Figure 2.</p> <p>24 MR. PLOUFF: Right.</p> <p>25 A. Okay. So do you see that in some</p> |

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| <p style="text-align: right;">Page 54</p> <p>1 areas around the fibers it's a little pinker 2 than in other areas? Like, for example, on the 3 bottom of the page of the picture, you would see 4 it's a little bit more loose, you know, there's 5 like some separation of the tissues, and 6 actually in the middle of the picture as well 7 there's lighter pink. I don't know if you can 8 see it. 9 BY MR. PLOUFF: 10 Q. Okay. Well, could you just -- as an 11 example, if you could just take your pen and 12 draw a line to where an example of dense 13 fibrosis, and then go ahead at the end of the 14 line write the word "dense," please. 15 A. Okay. So I think I need a better pen. 16 Yes, that's fine. This is fine. 17 MR. COMBS: Okay. 18 A. I'm just going to put, in the area 19 that's dense put "dense," and then in the area 20 that is less dense I would put "less dense." 21 How is that? 22 BY MR. PLOUFF: 23 Q. Oh, that's great. 24 A. (Witness labeling). 25 MR. COMBS: Okay. And, Dr. Abadi,</p> | <p style="text-align: right;">Page 56</p> <p>1 A. So that is my lymphocytic chronic 2 inflammation. 3 Q. You know, but I'm not -- to me the 4 purple area -- or excuse me. The black arrows 5 indicating the lymphocytic inflammation, it 6 seems like the arrow is pointing to purple dots, 7 is that right? 8 A. Yes, that's how the lymphocytes look 9 in the tissue, like purple dots, exactly right. 10 Q. Okay. So wherever -- even like at the 11 bottom of this Figure 2, there are also purple 12 dots. Are those similarly areas of lymphocytic 13 inflammation? 14 A. Yes, that is correct, those are 15 lymphocytes. 16 Q. Okay. And what is a lymphocyte? 17 A. A lymphocyte is a chronic inflammatory 18 cell. 19 Q. Okay. 20 A. So the one that we have in the lymph 21 nodes. 22 Q. Okay. Now, let me flip you back to 23 Exhibit 1, Dr. Iakovlev's report, again Page 12, 24 Figure 3. 25 A. Yes.</p> |
| <p style="text-align: right;">Page 55</p> <p>1 just -- Tom, I think it might be helpful if 2 Dr. Abadi circled that with a Sharpie just 3 because it's going to be pretty hard in a copy 4 of this picture to see this. 5 MR. PLOUFF: Okay. 6 MR. COMBS: Just make a big -- make a, 7 you know, a circle around the two areas just so 8 that the -- 9 THE WITNESS: (Witness complies). 10 Like that? Okay. 11 MR. COMBS: That's perfect. 12 THE WITNESS: Okay. 13 MR. COMBS: Thank you. 14 A. These are just examples. Doesn't mean 15 that the whole picture does not represent the 16 same things. 17 BY MR. PLOUFF: 18 Q. I understand. 19 And again, using your Exhibit 2, the 20 four figures there, do you see any areas that 21 you would say show lymphocytic chronic 22 inflammation? 23 A. Yes. In fact, in Figure 2 I mark it 24 with a black arrow. Do you see that? 25 Q. I do.</p> | <p style="text-align: right;">Page 57</p> <p>1 Q. Do you -- do any -- and I guess you 2 like to use the top picture, which is fine, but 3 does that top picture in your view show any 4 areas of lymphocytic inflammation? 5 A. Yes, it does. 6 Q. Okay. And would those be the areas in 7 purple? 8 A. Yes, that's correct. The areas in 9 purple. 10 Q. And then if you could just draw a line 11 from one of those purple areas as an example and 12 write "lymphocytic inflammation," please? 13 A. (Witness complies). 14 Q. And then when you're done, just let me 15 know. 16 A. Okay. I'm done. 17 Q. Okay. And then do I assume that the 18 reason why the lymphocytes in your Figure 2 show 19 up as purple dots and the ones in Dr. Iakovlev's 20 Figure 3 appear more blurred is just due to the 21 amount of magnification? 22 A. That is correct. 23 Q. All right. 24 A. He used for his picture a 1.6 25 objective, and mine are basically 20x.</p> |

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| <p style="text-align: right;">Page 58</p> <p>1 Q. Now, the areas of -- I guess we can 2 use your Exhibit 2 where you designate on Figure 3 1 as the pink areas of fibrosis, do you have an 4 opinion as to whether that fibrosis was caused 5 by the Prolift mesh? 6 A. Well, the fibrosis is actually an 7 intended result, because there is no other way 8 to heal but with scar tissue when you have a 9 foreign body material like a mesh. So it's been 10 designed to actually facilitate the deposition 11 of collagen. So that's the result that is 12 expected, and then that's the result that it 13 shows here. 14 Q. Okay. And I'm not necessarily asking 15 what the intended result of the mesh is. I just 16 want to make sure that a -- that the fibrosis is 17 in your opinion caused by the transvaginal mesh, 18 correct? 19 A. Yes, it's caused by the mesh, right. 20 Q. Okay. All right. 21 A. Once you place the mesh, the result is 22 the fibrosis. 23 Q. Turning to Dr. Iakovlev's report 24 again, Exhibit 1, Figure 4, the top picture 25 there, do you see any folded mesh in that</p> | <p style="text-align: right;">Page 60</p> <p>1 Q. Right. 2 A. -- you see the impression that he gets 3 from this picture is there's a lot of 4 inflammation because there's a lot of smudging 5 of the cells here. You know, you see how it 6 looks like little dots in some areas and then 7 bands that are purple? Well, that's an 8 artifact, that is the -- it's a crushing 9 artifact, and that happens because the 10 lymphocytes are very fragile. So it gives you 11 the impression that it's a lot more inflammation 12 than what's really there. 13 And in terms of whether chronic 14 inflammation is normal or abnormal, chronic 15 inflammation in the presence of a foreign body 16 material is normal, that's what you expect to 17 see. It doesn't go away. 18 Q. Well, let's use a figure from your 19 report then, Figure 2 of Exhibit 2, that shows 20 the lymphocytic inflammation with purple dots. 21 A. Okay. 22 Q. In a woman who does not have a mesh 23 implant, would you expect to see this type of 24 inflammation? 25 A. Yes.</p> |
| <p style="text-align: right;">Page 59</p> <p>1 picture? 2 A. Figure -- I'm sorry, which figure? 3 Q. Figure 4 at Page 13 of Dr. Iakovlev's 4 report. 5 A. Page 13. Okay. Again, you cannot 6 assess folding with a picture that is flat, that 7 it has two dimensions. 8 Q. Okay. Do you know what the basis for 9 Dr. Iakovlev describing Figure 4 as folded mesh 10 is? 11 A. I have no idea what went through his 12 head, because there's no way to do that with 13 this kind of a specimen. 14 Q. Okay. The Page 14 of Exhibit 1, 15 Dr. Iakovlev's report, Figure 5, you see areas 16 of chronic inflammation, is that correct? 17 A. Yes, I do. 18 Q. And would you agree that it's not 19 normal to have that amount of inflammation in 20 this tissue? 21 MR. COMBS: Object to form. 22 A. Well, first of all, the figure, as you 23 said -- you remember that we spoke about the 24 little dots, right? So -- 25 BY MR. PLOUFF:</p> | <p style="text-align: right;">Page 61</p> <p>1 Q. From what? 2 A. Well, the vaginal mucosa shows 3 inflammation, always has inflammatory cells, 4 always has chronic inflammatory cells. And so 5 as I explained before, we have what we call the 6 surveillance cells, so the presence of chronic 7 inflammatory cells in the vaginal mucosa is 8 entirely normal. 9 Q. Well, here's what I don't get on this 10 subject then. 11 A. Yes. Right. 12 Q. On the one hand you say it seems to me 13 to be saying that the inflammation that's seen 14 is caused by the mesh, and that it's an intended 15 result of the mesh, and on the other hand you 16 say that even in the woman without mesh you can 17 see this type of inflammation. So how can you 18 say it's related to the mesh? 19 MR. COMBS: Object to form. 20 A. Right. So this is the situation. In 21 a normal vagina you get inflammatory cells, you 22 get a chronic inflammation infiltrate always, 23 and that's normal. The only reason why we're 24 saying that this is in relation to the mesh is 25 because you see it around the fibers. But every</p> |

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| <p style="text-align: right;">Page 62</p> <p>1 time you have a foreign body material you would 2 have the same type of inflammation. Any foreign 3 body material, whether it's a suture, whether 4 it's a prosthesis, whether it's a mesh, it would 5 have the same chronic inflammatory response. 6 When I talk about normal, it's because 7 that's what -- how the organism, I mean the 8 host, reacts to a foreign body no matter what 9 the foreign body is. 10 BY MR. PLOUFF: 11 Q. And I know this is probably not 12 possible, but let's say that you were looking at 13 a slide of tissue from a vagina, on the one hand 14 one with no mesh in it and on the other hand the 15 other tissue sample has mesh in it, would you 16 expect -- or strike that. 17 Regardless of whether there's mesh in 18 the vagina, you would expect the same type of 19 inflammation in your Figure 2 as in a person who 20 doesn't have mesh, is that correct? 21 A. Yeah, if you just see -- for example, 22 if you take a sample of the vaginal wall in a 23 patient, you can see chronic inflammation -- 24 without mesh I'm talking about -- then you would 25 see chronic inflammatory cells as well. There</p> | <p style="text-align: right;">Page 64</p> <p>1 BY MR. PLOUFF: 2 Q. Okay. So if we were to take a -- if 3 we were to look at vaginal tissue samples from 4 one of those kind of patients who doesn't have 5 mesh but a pathologist will typically look at, 6 and you compared the chronic inflammation in 7 those cases with a mesh case, you would expect 8 to see the same amount of chronic -- similar 9 amount of chronic inflammation, is that correct? 10 A. Yes -- 11 MR. COMBS: Object to form. 12 A. I'm sorry. 13 Yes, it depends on the patient, as I 14 said. You know, there are patients that have 15 more inflammation and there are others that have 16 less. So it's really just syncretic. 17 But yes, you can have patients where 18 there's a lot of inflammation and means nothing. 19 Chronic inflammation I'm talking about. 20 BY MR. PLOUFF: 21 Q. And, Doctor, looking back at 22 Dr. Iakovlev's report again, Page 14, Figure 5, 23 do you see any plasma cells? 24 A. This magnification is too low to 25 assess for plasma cells, so...</p> |
| <p style="text-align: right;">Page 63</p> <p>1 will be areas that have the same kind of 2 finding. The only difference here is there is a 3 foreign body, and in addition to the lymphocytes 4 you get occasional foreign body giant cells. 5 Q. In a woman, contrasting the tissue 6 samples of a woman without mesh and with mesh, 7 do you see more chronic inflammatory cells in a 8 woman with mesh? 9 A. Well, it depends on the woman as well. 10 It depends on the immunological status of the 11 woman and what other situations there are. But 12 if you're talking about normal vagina, this 13 amount of lymphocytes is similar, very similar 14 to what you see in normal vagina sometimes. 15 Q. So if Dr. Iakovlev -- well, let me -- 16 what kind of -- other than mesh explant 17 surgeries, what kind of surgeries do you see 18 with tissue samples from the vagina? 19 A. Oh -- 20 MR. COMBS: Object to form. 21 A. I'm sorry. 22 Oh, many, many cases. Different 23 repairs, different excisions of cyst, excisions 24 of tumors, atypias, dysplasias. I get a lot of 25 vaginal mucosa samples.</p> | <p style="text-align: right;">Page 65</p> <p>1 Q. To you is a foreign body inflammation 2 the same as chronic inflammation? 3 A. No. Chronic inflammation -- foreign 4 body inflammation -- foreign body chronic 5 inflammation is a type of chronic inflammation. 6 Q. Okay. And obviously you saw in some 7 of these tissue samples for Mrs. Kaiser examples 8 of foreign body type of inflammation, is that 9 right? 10 A. Yes, that is correct. 11 Q. Did you see any other type of chronic 12 inflammation other than foreign body? 13 A. No. The chronic inflammation that I 14 saw was associated with, you know, the foreign 15 body reaction. 16 Q. Okay. Going to Page 16 of 17 Dr. Iakovlev's report, Figure 7, he's designated 18 certain areas as dilated vessels. Do you agree 19 that those are dilated? 20 A. No, I don't. I think they're 21 absolutely normal. 22 Q. What does a dilated vessel look like? 23 A. Well, basically the lumen is larger 24 than the rest of the normal vessels, so for 25 that, actually, in order to assess dilatation of</p> |

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| <p style="text-align: right;">Page 66</p> <p>1 vessels, you would need to compare it to other 2 areas of the tissue where, you know, if you 3 wanted to illustrate dilatation of vessels in 4 this, he -- in this situation he would have to 5 compare it to the caliber of the vessels in an 6 area that's not involved by the mesh. 7 Q. Are there -- in terms of the tissue 8 slides that you looked at, are there areas that 9 are not involved with the mesh? 10 A. In Ms. Kaiser you mean? 11 Q. Yes. 12 A. Yeah, Ms. Kaiser all the tissues 13 pertain to the mesh. 14 Q. Okay. With regard to this Figure 7 15 where he's indicated dilated vessels, how would 16 you describe the area that he points to? 17 A. I would just describe it as vessels. 18 Q. Okay. And what is the vessel that is 19 -- is it the thin line of purple in that area of 20 white? 21 A. No, it's the space. 22 Q. It is the space. So here's where I 23 get confused, because, you know, in other cases 24 where we looked at white areas it was mesh, and 25 now here it looks like it's vessels. How do you</p> | <p style="text-align: right;">Page 68</p> <p>1 where you have either blood or lymph, you know, 2 the circulation. And the tiny dots are the 3 nuclei of the cells that line the vessel, that 4 surround that space. 5 Q. I got you. 6 A. Okay. 7 Q. Okay. Well, I should be able to pass 8 your exam now, then. 9 MR. COMBS: I'm glad you asked that 10 question, Tom, because that helps me. 11 BY MR. PLOUFF: 12 Q. Figure 8 on Page 17 of Dr. Iakovlev's 13 report, the area that he's designated as nerve, 14 do you agree? 15 A. Yes, it is a nerve. 16 Q. And is the nerve ingrown into the 17 mesh? 18 A. Well, Dr. Iakovlev should know from 19 his medical studies that a fiber this size would 20 not ever -- would never regrow like this, in a 21 mesh or anywhere. 22 Q. Well, is the nerve positioned within 23 the scar tissue? 24 A. It is positioned within fibrosis, yes. 25 Q. And is it positioned within the mesh?</p> |
| <p style="text-align: right;">Page 67</p> <p>1 distinguish the two? 2 A. Well, you have to go through a 3 residency in pathology. 4 Q. Okay. 5 A. That's -- 6 Q. I don't think that's going to happen, 7 so -- but if you were going to -- but if I was 8 the stupidest doctor in my class with an MD by 9 my name and I asked you the question how do you 10 know that what's designated here as dilated 11 vessels is not really mesh, what would you 12 explain to that student? 13 A. Okay. So basically you have to look 14 for the lining of the vessel. The vessels are 15 lined by endothelial cells. So if you 16 noticed -- actually, it's not a very good 17 magnification for that, but if you see the 18 outline of those spaces, you will see like tiny 19 black dots. Do you see that? Tiny, tiny, 20 minute. So those are the nuclei of endothelial 21 cells. That's what we use as a reference. 22 Q. I do see that. But it looks like 23 those tiny, tiny black dots aren't in the area 24 of the white, it's in the pink area. 25 A. Correct. Because the white area is</p> | <p style="text-align: right;">Page 69</p> <p>1 A. It seems so, because there are mesh 2 fibers in this picture, basically both sides of 3 that nerve. 4 Q. All right. So is the nerve entrapped 5 within the fibrosis? 6 A. Oh, I think the nerve was 7 pre-existing, it was probably there, and it's 8 just -- you know, there is -- the fibrosis grew, 9 and he's somewhere in-between. 10 Q. With regard to -- 11 A. When I say "he," it's an it. 12 Q. With regard to the nerve that's 13 depicted in Figure 8 -- so is it the purple area 14 that's the nerve, or what's the nerve? 15 A. The nerve is that pink ball with a lot 16 of black dots inside. 17 Q. Okay. Do you see any evidence of 18 degenerative changes within the nerve? 19 A. No. In order to assess that you have 20 to do special stains. 21 Q. Like what? 22 A. Like with the ones that I mentioned 23 before, like you have to do axonal stains, and 24 you have to do neurofilament stains, and those 25 are very specialized stains that were not done</p> |

18 (Pages 66 to 69)

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| <p style="text-align: right;">Page 70</p> <p>1 in this case.</p> <p>2 Q. Dr. Iakovlev didn't do it and you</p> <p>3 didn't do it, is that right?</p> <p>4 A. Yes. Correct.</p> <p>5 Q. Do you think that it would aid -- for</p> <p>6 example, let's say you did those kind of studies</p> <p>7 and it showed that there was a degenerative</p> <p>8 nerve there, that would not be -- a degenerative</p> <p>9 nerve would not be related to mesh, is that</p> <p>10 right?</p> <p>11 A. No, that's not what it means. It</p> <p>12 means that if you have a degenerated nerve, for</p> <p>13 example, and let's say you show that it's</p> <p>14 damaged, you don't know whether it was damaged</p> <p>15 during surgery, because obviously when -- you</p> <p>16 know, the nerves can get damaged during the</p> <p>17 actual implantation, not necessarily have</p> <p>18 anything to do with the mesh at all, or whether</p> <p>19 the damage was caused by processing, because</p> <p>20 that can happen as well when you -- the nerves</p> <p>21 are very delicate. When you handle them and you</p> <p>22 put them through so many reagents and use</p> <p>23 forceps, you can damage them.</p> <p>24 So even if you do those things and you</p> <p>25 prove that there is some axonal damage, it may</p> | <p style="text-align: right;">Page 72</p> <p>1 here.</p> <p>2 A. Okay. So the way you identify</p> <p>3 ganglion is by identifying ganglion cells. So</p> <p>4 within this particular nerve you are going to</p> <p>5 see two structures that participate in that main</p> <p>6 nerve, and those are the ganglion cells.</p> <p>7 MR. COMBS: Tom, just because</p> <p>8 obviously we're doing this by phone, if you go</p> <p>9 straight down from the arrow, Dr. Abadi is</p> <p>10 pointing to -- if you go about a quarter of an</p> <p>11 inch below the arrow there's a little circle,</p> <p>12 and then kind of slightly to the southwest of</p> <p>13 that there's another little circle. That's what</p> <p>14 Dr. Abadi was pointing to with her pen, but you</p> <p>15 can't see.</p> <p>16 MR. PLOUFF: And has that been</p> <p>17 indicated by the Sharpie?</p> <p>18 A. The Sharpie indicated the whole</p> <p>19 ganglion. But within that ganglion there are</p> <p>20 what we call ganglion cells, that's what our</p> <p>21 indication, that this is a ganglion.</p> <p>22 BY MR. PLOUFF:</p> <p>23 Q. Okay.</p> <p>24 A. And those cells are like purple balls</p> <p>25 that you see within that shape.</p> |
| <p style="text-align: right;">Page 71</p> <p>1 not give you any information at all as relates</p> <p>2 to pain in the patient.</p> <p>3 Q. Now let's go to Page 19 of his report,</p> <p>4 Exhibit 1, Figure 10.</p> <p>5 A. Yes.</p> <p>6 Q. He identifies the neuroganglion, is</p> <p>7 that right?</p> <p>8 A. Correct.</p> <p>9 Q. And what is -- I see the arrow, but</p> <p>10 what is being pointed to that's the</p> <p>11 neuroganglion?</p> <p>12 A. It's the whole structure that he --</p> <p>13 that pink is like banana shape in this</p> <p>14 particular picture, but that -- if you see, it's</p> <p>15 similar to what we looked at before, except that</p> <p>16 there were like big -- two big purple balls</p> <p>17 inside that structure. You see that?</p> <p>18 Q. Well, I actually got -- I actually</p> <p>19 digressed when you were talking to try to find</p> <p>20 the banana, and I think I have, but can you use</p> <p>21 your Sharpie to circle the banana representing</p> <p>22 the neuroganglion, please?</p> <p>23 A. Yes, I could. (Witness complies).</p> <p>24 Q. And then if you would repeat what you</p> <p>25 were saying about the other thing that's shown</p> | <p style="text-align: right;">Page 73</p> <p>1 Q. And could you just take a line on</p> <p>2 those two purple balls and just at the end of</p> <p>3 the line write the word "ball"?</p> <p>4 A. Okay. What I'll try to do is to</p> <p>5 circle those cells. Okay?</p> <p>6 Q. Great.</p> <p>7 A. So you will have a big circle for the</p> <p>8 entire structure, and then you will have these</p> <p>9 two small circles for the ganglion cells. Fair?</p> <p>10 Q. Thank you.</p> <p>11 Is there anatomic innervation shown</p> <p>12 here?</p> <p>13 A. You mean autonomic innervation?</p> <p>14 Q. I thought it was A-N-A-T-O-M-I-C.</p> <p>15 A. No, it's not. It's autonomic, meaning</p> <p>16 we don't govern that, so it's autonomic,</p> <p>17 A-U-T-O-N-O-M-I-C. It's not anatomic.</p> <p>18 Everything is anatomic. So it's autonomic</p> <p>19 ganglion.</p> <p>20 Q. Well, that will help me, and I think</p> <p>21 it helps the court reporter, because the</p> <p>22 transcript I was looking at for Dr. Iakovlev, it</p> <p>23 was written as anatomic.</p> <p>24 So do you see an area of autonomic</p> <p>25 innervation here in Figure 10?</p> |

19 (Pages 70 to 73)

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| <p style="text-align: right;">Page 74</p> <p>1 A. Yes, the neuroganglion is part of the 2 autonomic system. 3 Q. Okay. Does the phrase "scar plate" 4 mean anything to you? 5 A. Well, I've seen it used by 6 Dr. Iakovlev and some of the German researchers, 7 but we don't use it in pathology. 8 Q. What does it mean? 9 A. I have no idea. I assume that it must 10 be some form of encapsulation, but it's not 11 currently -- it's not used as a terminology in 12 pathology. 13 Q. Okay. Can -- so if I -- what's like 14 the leading reference books in pathology? 15 A. Okay. So the leading book in 16 pathology is Robbins. 17 Q. Okay. And do you think if I searched 18 Robbins for scar plate I wouldn't find it? Is 19 that right? 20 A. Yeah, I don't think so. You would 21 have -- you would find scar, you would have 22 fibrosis, but scar plate I doubt it, because we 23 don't use it in our standard practice. 24 Q. Okay. 25 A. I've seen it -- I've also seen it</p> | <p style="text-align: right;">Page 76</p> <p>1 believe represent an area that's from the 2 bladder wall? 3 A. No. Without the presence of 4 urothelium, you cannot assess the presence of 5 bladder wall in a specimen like this. And I 6 wouldn't expect it because that would be 7 terrible for a surgeon. 8 Q. Figure 10 is Page 19 in Dr. Iakovlev's 9 report. The neuroganglion is identified there. 10 Do you see any distortion in it? 11 A. I'm sorry, let me get to that part. 12 What page did you say it was? 13 Q. Page 19 of Dr. Iakovlev's report. 14 A. Okay. 19. All right. 15 MR. COMBS: It's the one you drew. 16 A. Oh, it's the same one. All right. 17 What did you say, I'm sorry, whether it's 18 distorted? 19 BY MR. PLOUFF: 20 Q. Yes. 21 A. It doesn't look distorted to me. 22 Q. Okay. Are neuroganglions usually more 23 rounded than what you see here? 24 A. Yes, but it depends on the angle of 25 the cutting. You know, when we imbed tissues we</p> |
| <p style="text-align: right;">Page 75</p> <p>1 always in quotes, so it's somewhat of a 2 terminology that's used always represented with 3 these quotes, so... 4 Q. Can the neuroganglion affect sensory 5 innervation? 6 A. No, absolutely not. 7 Q. And why do you say that? 8 A. Because it's not -- that's not what 9 they do. They are not pain fibers, they're not 10 pain nerves, they're not sensory. They're 11 motor, and they regulate the autonomic function 12 of the tissues. 13 Q. Was this neuroganglion directly 14 dissected away from the bladder wall? 15 A. Well, first of all, this is a vaginal 16 mesh, so we assume that it's probably a vaginal 17 ganglion. It has nothing to do with the 18 bladder. And, you know, we don't know even if 19 it's related to any particular function. There 20 are so many functions that the autonomic 21 ganglion perform, so just by looking at it you 22 cannot possibly know its function. 23 Q. Do you -- in terms of any of the 24 figures depicted in Dr. Iakovlev's report or in 25 your report, are there any figures that you</p> | <p style="text-align: right;">Page 77</p> <p>1 can have what we call tangential sections, and 2 so it gives you the image that it's deformed, 3 but that's not the reality, it's an artifact of 4 cutting and imbedding. 5 Q. Is this neuroganglion in Figure 10, is 6 this involved in an area of fibrosis? 7 A. Yeah, there is fibrosis there, yes. 8 Q. Okay. Where is the closest mesh to 9 this neuroganglion? 10 A. So if you see the picture is to, I 11 would say, the right. 12 I'm always having trouble. How can I 13 refer to him? 14 MR. COMBS: Tom, could you re-ask the 15 question? Dr. Abadi is trying to figure out how 16 to answer what you're asking. 17 MR. PLOUFF: Sure. 18 BY MR. PLOUFF: 19 Q. I'm still on Figure 10 at Page 19 in 20 Dr. Iakovlev's report, Exhibit 1. 21 MR. COMBS: Yes. 22 BY MR. PLOUFF: 23 Q. And we see an area that's been 24 identified as the neuroganglion, and my question 25 is where is the closest mesh fiber to that</p> |

20 (Pages 74 to 77)

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| <p style="text-align: right;">Page 78</p> <p>1 neuroganglion?</p> <p>2 MR. COMBS: Okay.</p> <p>3 A. So it would -- I mean, I don't have a</p> <p>4 ruler with me, but it's --</p> <p>5 MR. COMBS: She's pointing to the</p> <p>6 thing -- the white circle that is to the left.</p> <p>7 MR. PLOUFF: Okay.</p> <p>8 BY MR. PLOUFF:</p> <p>9 Q. And, Doctor, if you could circle that</p> <p>10 white -- circle that area that's mesh and then</p> <p>11 label it as mesh, please.</p> <p>12 A. Okay. (Witness complies).</p> <p>13 Q. And when you've done that, let me</p> <p>14 know.</p> <p>15 A. Yes, I'm done.</p> <p>16 Q. Okay. Going to the next page of</p> <p>17 Dr. Iakovlev's report, Figure 11.</p> <p>18 MR. PLOUFF: And let me get a -- from</p> <p>19 the court reporter, can you tell me where we're</p> <p>20 at in terms of time?</p> <p>21 THE COURT REPORTER: You have 23</p> <p>22 minutes left.</p> <p>23 BY MR. PLOUFF:</p> <p>24 Q. Page 20, Figure 11, do you see any</p> <p>25 nerve branches within the mesh?</p> | <p style="text-align: right;">Page 80</p> <p>1 distorted?</p> <p>2 A. I just see nerve branches. You cannot</p> <p>3 assess distortion again with this magnification</p> <p>4 and with this stain and with no comparison with</p> <p>5 any H&E stain.</p> <p>6 Q. Okay. Now, Page 25 of Exhibit 1,</p> <p>7 Dr. Iakovlev's report, do you see an area of the</p> <p>8 mesh that he's labeled as a degradation layer?</p> <p>9 A. Yes, I do.</p> <p>10 Q. Do you agree with that description?</p> <p>11 A. No.</p> <p>12 Q. How would you describe what's being</p> <p>13 pointed to there?</p> <p>14 A. Well, I see that, you know, outer</p> <p>15 surface layer, however you want to call it, but</p> <p>16 I don't know that that has been degraded.</p> <p>17 Q. So you don't have an opinion one way</p> <p>18 or the other on whether it's degraded?</p> <p>19 A. Well, I do not believe it's degraded</p> <p>20 just by the way it is. It's very smooth. If</p> <p>21 you were to talk about true degradation, what</p> <p>22 happens in the body, enzymatic or chemical</p> <p>23 degradation would not cause such a smooth layer</p> <p>24 at all. In fact, it would be very irregular.</p> <p>25 Q. As a pathologist, does the phrase</p> |
| <p style="text-align: right;">Page 79</p> <p>1 A. Well, I see nerve branches that are</p> <p>2 highlighted by the S100 staining, and I see some</p> <p>3 pores that are, you know, considered -- you</p> <p>4 know, that are mesh spaces, but I don't -- you</p> <p>5 know, it's very hard to see because it's a low</p> <p>6 magnification, and there's no H&E stain to see</p> <p>7 the morphology. There's nothing for comparison.</p> <p>8 Q. I just -- you know, I see some brown</p> <p>9 areas, I see some yellow areas.</p> <p>10 A. Okay.</p> <p>11 Q. Do you know what the brown areas</p> <p>12 represent?</p> <p>13 A. The brown areas represent the nerves.</p> <p>14 Q. Okay. And then I know in Figure 1 the</p> <p>15 white circled areas have been yellowed by</p> <p>16 Dr. Iakovlev in the bottom picture, but are</p> <p>17 those all -- are those white areas again mesh</p> <p>18 areas?</p> <p>19 A. Yes. Correct.</p> <p>20 Q. Turning to Page 23 of his report,</p> <p>21 Figure 14.</p> <p>22 A. Yes.</p> <p>23 Q. Do you see nerve branches there?</p> <p>24 A. Yes, I do.</p> <p>25 Q. Do you see any nerve branches that are</p> | <p style="text-align: right;">Page 81</p> <p>1 "degradation bark" have any meaning to you?</p> <p>2 A. Well, bark does not exist, and</p> <p>3 degradation does exist. That is basically when</p> <p>4 the tissue disintegrates. So that word does</p> <p>5 exist, but bark does not.</p> <p>6 Q. So again, if I looked at Robbins, you</p> <p>7 wouldn't expect me to be able to see the word</p> <p>8 bark, correct?</p> <p>9 A. Correct. Yes. Unless they're talking</p> <p>10 about a tree.</p> <p>11 Q. Or a dog?</p> <p>12 A. Or what? Yes, or a dog.</p> <p>13 Q. The last page of this report, Page 29,</p> <p>14 it appears that there's blue dots within the</p> <p>15 mesh, is that correct?</p> <p>16 A. Yes, that is correct.</p> <p>17 Q. What do the blue dots represent in</p> <p>18 your opinion?</p> <p>19 A. I don't know. This is -- I know that</p> <p>20 there's a staining in this layer which, you</p> <p>21 know, does not correlate with polypropylene</p> <p>22 because polypropylene doesn't stain, so there</p> <p>23 must be some protein in there, but I do not know</p> <p>24 what those granules mean.</p> <p>25 Q. Could they be splinters of the mesh?</p> |

21 (Pages 78 to 81)

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| <p style="text-align: right;">Page 82</p> <p>1 A. I don't know. I have no idea.</p> <p>2 Q. Okay. So let's go to your four</p> <p>3 figures, Doctor, back to Exhibit 2.</p> <p>4 A. Yes.</p> <p>5 Q. And I would just ask you -- I'm going</p> <p>6 to have the same question probably for each one,</p> <p>7 but what is it that you plan on telling the jury</p> <p>8 about Figure 1?</p> <p>9 A. Okay. So Figure 1, what I plan to</p> <p>10 tell the jury is that -- well, obviously there</p> <p>11 is mesh, there are mesh fibers, and that they</p> <p>12 are surrounded by fibrosis, which is what I</p> <p>13 expect to see once the mesh is implanted. And</p> <p>14 also mild chronic inflammation, which is what</p> <p>15 I'm pointing with the arrow, with the blue</p> <p>16 arrow.</p> <p>17 Q. Okay. Figure 2, what do you plan on</p> <p>18 telling the jury?</p> <p>19 A. Well, Figure 2 uses a higher</p> <p>20 magnification to illustrate that the chronic</p> <p>21 inflammatory infiltrate is composed of</p> <p>22 lymphocytes, which we spoke about, and also the</p> <p>23 chevron points out to a foreign body giant cell</p> <p>24 which is what you occasionally see in foreign</p> <p>25 body reactions, and obviously there is fibrous</p> | <p style="text-align: right;">Page 84</p> <p>1 A. There is one that looks like moon</p> <p>2 shaped.</p> <p>3 Q. Okay. If you could circle those and</p> <p>4 identify them as foreign body cells, please.</p> <p>5 A. Yes.</p> <p>6 In that Figure Number 3?</p> <p>7 Q. Yes.</p> <p>8 A. (Witness complies). Okay.</p> <p>9 Q. Okay. Now that we're on Figure 3, my</p> <p>10 same kind of a question, what do you plan on</p> <p>11 telling the jury about Figure 3?</p> <p>12 A. Well, in Figure 3 I want to show the</p> <p>13 mesh, I want to show the inflammatory infiltrate</p> <p>14 that is actually just in the vicinity of the</p> <p>15 fibers. I'm showing also that the giant cells</p> <p>16 are, you know, just a few of them, also in the</p> <p>17 vicinity of the fibers. That the tissues that</p> <p>18 surround the mesh, except for a very thin rim of</p> <p>19 fibrosis, the rest is loose connective tissue.</p> <p>20 And the vessels that are present are totally</p> <p>21 unremarkable.</p> <p>22 Q. And then on Figure 4 what do you plan</p> <p>23 on telling the jury?</p> <p>24 A. Okay. Figure 4 is really the highest</p> <p>25 magnification, and that's just to illustrate how</p> |
| <p style="text-align: right;">Page 83</p> <p>1 tissue around these fibers. And I also pointed</p> <p>2 out to those fragments of the fibers with the</p> <p>3 blue arrows as well.</p> <p>4 Q. We haven't talked much about the</p> <p>5 foreign body giant cell, and I see your chevron</p> <p>6 there, but what are you pointing to?</p> <p>7 A. You see that it's like a pink ball</p> <p>8 with a lot of little dots inside? It's like a</p> <p>9 little pink ball.</p> <p>10 Q. Okay.</p> <p>11 A. And so it has --</p> <p>12 Q. Is that the only giant cell that you</p> <p>13 see depicted in Figure 2?</p> <p>14 A. Yeah. There might be another one, but</p> <p>15 in this area, in this section, you don't see any</p> <p>16 more giant cells.</p> <p>17 Q. Can you look at any of your four</p> <p>18 figures and tell me if you see a different giant</p> <p>19 cell located somewhere else?</p> <p>20 A. Yes. For example, in Figure 3 you can</p> <p>21 see one in one of the superior spaces, there is</p> <p>22 a little one --</p> <p>23 Q. Did you --</p> <p>24 A. I'm sorry. Yes?</p> <p>25 Q. Go ahead.</p> | <p style="text-align: right;">Page 85</p> <p>1 the giant cells look like, because obviously,</p> <p>2 you know, they are not pathologists, and so, you</p> <p>3 know, when we talk about giant cells, it's like</p> <p>4 what does this mean, so I want to just</p> <p>5 demonstrate how they look in tissues.</p> <p>6 Q. Okay.</p> <p>7 MR. PLOUFF: Let's go off the record</p> <p>8 for five minutes, and then I'll finish up the</p> <p>9 rest of my time.</p> <p>10 MR. COMBS: Okay.</p> <p>11 (Whereupon, a recess was taken from</p> <p>12 12:32 p.m. to 12:45 p.m.)</p> <p>13 (Whereupon, Abadi Exhibit Number 3,</p> <p>14 Five sheets of notes, was marked for</p> <p>15 identification.)</p> <p>16 BY MR. PLOUFF:</p> <p>17 Q. Doctor, handing you what's been marked</p> <p>18 as Exhibit 3, are those additional notes for the</p> <p>19 Barbara Kaiser case?</p> <p>20 A. Yes, they are.</p> <p>21 Q. You know, we were provided a</p> <p>22 neuropathologist report by a Dr. McLendon. Did</p> <p>23 you rely upon that report in any way for your</p> <p>24 opinions in the Kaiser case?</p> <p>25 A. Yes, just for confirmation of my</p> |

22 (Pages 82 to 85)

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| <p style="text-align: right;">Page 86</p> <p>1 findings, because I have already -- I had 2 already evaluated what I thought was the nerves 3 in this case independently, so it just help as a 4 confirmation. 5 Q. Okay. So, Doctor, so other than the 6 fact that Dr. McLendon's report identifies the 7 nerves that you also were able to identify, it 8 adds nothing more to your opinion, is that 9 right? 10 MR. COMBS: Object to form. 11 A. Correct. It's just a confirmation of 12 my findings. And obviously he's a 13 neuropathologist, so his report is very 14 extensive into -- you know, he goes into the 15 actual nerve evaluation. 16 BY MR. PLOUFF: 17 Q. Okay. But in terms of what you're 18 relying upon his report for, in terms of that 19 you accurately identified the nerve in the 20 tissue samples, his report would be cumulative 21 of what you already identified, is that correct? 22 A. Correct. 23 MR. COMBS: Object to form. 24 A. I'm sorry. 25 Yes, correct, I -- yes, I had already</p> | <p style="text-align: right;">Page 88</p> <p>1 A. No, I have not felt it, except for the 2 tissues that I got. 3 Q. No. I meant, you know, like let's say 4 brand-new mesh out of the box, have you felt 5 what that mesh feels like? 6 A. No, I have not, you know, palpated a 7 kit of this, you know -- or the mesh. 8 Q. Can you tell me whether the mesh that 9 was explanted from Mrs. Kaiser was soft or hard? 10 A. Well, it had to be -- everything had 11 to be hard because it's imbedded into the 12 fibroconnective tissue, so it feels hard. 13 Q. And is that true of all the explanted 14 mesh that you've examined? 15 MR. COMBS: Object to form. 16 A. Yes, it's the -- it's true for every 17 one. 18 BY MR. PLOUFF: 19 Q. Okay. Now, you referenced earlier the 20 fact that Dr. Johnson's report references Dr. -- 21 or Ms. Kaiser's complaint of pain during 22 intercourse and pain while bending and stooping. 23 Do you have any opinion as to what was the cause 24 of Mrs. Kaiser's pain? 25 A. No, I don't, because I didn't examine</p> |
| <p style="text-align: right;">Page 87</p> <p>1 identified those nerves independently. 2 BY MR. PLOUFF: 3 Q. Okay. Did you review anything that 4 led you to conclude one way or the other whether 5 the Prolift mesh became folded and contracted 6 while in Mrs. Kaiser's body? 7 A. Right. You know, as I said before 8 when we were talking about this issue, a 9 pathologist cannot evaluate folding or any 10 position of tissue in vivo unless the surgeon 11 identifies the location of the tissue. In other 12 words -- 13 Q. Okay. 14 A. -- it's not sufficient to just say 15 "vaginal mesh." It has to actually to be 16 appropriately oriented. 17 Q. Do you know what brand-new Prolift 18 mesh looks like? 19 A. If I know how it looks like? 20 Q. Do you know what it looks like, yes. 21 A. The Prolift, yes, I've seen it. I've 22 seen -- 23 Q. Have you felt it? 24 A. If I have felt it? 25 Q. Yes.</p> | <p style="text-align: right;">Page 89</p> <p>1 Ms. Kaiser, I'm not a urogynecological 2 pathologist -- I mean a clinician, a 3 urogynecologist. 4 Q. If Mrs. Kaiser had pain upon physical 5 examination when the tense bands that 6 Dr. Johnson refers to was touched, do you have 7 an opinion as to what caused Mrs. Kaiser's pain? 8 A. No, because as I said, I didn't 9 examine her. I don't know what areas caused her 10 pain. I wasn't present to a physical exam, so I 11 have no idea. I wouldn't -- 12 Q. Did you see any evidence of -- 13 A. Sorry. I -- 14 Q. Did you see any evidence of vaginal 15 erosion in Mrs. Kaiser's tissues? 16 A. No. Actually the pieces that were 17 sent to me and that were actually also evaluated 18 by Dr. Iakovlev did not have vaginal mucosa. 19 Q. Okay. Did you see any evidence of 20 vaginal atrophy? 21 A. Well, again, since it doesn't have 22 epithelium, there's no way to assess atrophy. 23 Q. Would you have expected the mesh 24 samples to have contained that? 25 A. Only if the surgeon submits that.</p> |

23 (Pages 86 to 89)

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| <p style="text-align: right;">Page 90</p> <p>1 Q. I see. Okay.</p> <p>2 Is it true that the presence of nerves</p> <p>3 can cause pain?</p> <p>4 A. Well, depends. You know, the presence</p> <p>5 of nerves can cause pain, can cause pressure,</p> <p>6 can cause touch sensitivity, can cause</p> <p>7 temperature, you know, perceptions. You know,</p> <p>8 nerves come -- you know, functional nerves have</p> <p>9 a lot of different functions basically.</p> <p>10 Q. Sure.</p> <p>11 You saw -- in regard to these tissue</p> <p>12 samples of Mrs. Kaiser, you saw nerves</p> <p>13 in-between mesh fibers, is that right?</p> <p>14 A. Correct.</p> <p>15 Q. Can those nerves have caused pain?</p> <p>16 A. There's no way to know. We don't know</p> <p>17 what those nerves do. We don't know if they're</p> <p>18 pain fibers.</p> <p>19 Q. Is there anything -- but are nerves a</p> <p>20 possible cause of pain?</p> <p>21 A. Yeah, nerves can be a possible cause</p> <p>22 of pain, yes.</p> <p>23 Q. Other than the nerves being a possible</p> <p>24 cause of pain in the tissue samples that you</p> <p>25 saw, can you identify anything else as a</p> | <p style="text-align: right;">Page 92</p> <p>1 about, absolutely.</p> <p>2 Q. What's he right about?</p> <p>3 A. He's right about the inflammation.</p> <p>4 He's right about what constitutes inflammation</p> <p>5 in this case. He's right about that there's</p> <p>6 fibrosis present in these cases. So all that</p> <p>7 he's right about.</p> <p>8 And that he highlights nerves, and</p> <p>9 those are truly nerves. What he's wrong about</p> <p>10 those nerves is what function those nerves, you</p> <p>11 know, fulfill.</p> <p>12 MR. PLOUFF: Okay. Well, you know, I</p> <p>13 suppose I should think of more general questions</p> <p>14 to ask in my five minutes, but I'm actually</p> <p>15 finished. Thank you.</p> <p>16 MR. COMBS: Sounds good. All right.</p> <p>17 Let's take a break for a second, and then I'm</p> <p>18 going to have some very brief redirect. It will</p> <p>19 be less than ten minutes, Tom.</p> <p>20 MR. PLOUFF: Okay.</p> <p>21 (Whereupon, a recess was taken from</p> <p>22 12:54 p.m. to 1:03 p.m.)</p> <p>23 CROSS EXAMINATION</p> <p>24 BY MR. COMBS:</p> <p>25 Q. Dr. Abadi, I'm going to ask you a few</p> |
| <p style="text-align: right;">Page 91</p> <p>1 potential cause of pain?</p> <p>2 A. Yes. If the surgeon in this case,</p> <p>3 Dr. Johnson, would have sent tissues from the</p> <p>4 epithelium, I could have, you know, identified</p> <p>5 if she had atrophy, an erosion, ulceration, and</p> <p>6 if there are other changes in the tissue such as</p> <p>7 an infection or acute inflammation, but I did</p> <p>8 not see any of that in Ms. Kaiser.</p> <p>9 Q. Okay. All the opinions you've stated</p> <p>10 today, and they're stated in your report, are to</p> <p>11 a reasonable degree of medical certainty, is</p> <p>12 that correct?</p> <p>13 A. Yes, that is correct.</p> <p>14 Q. Is it possible to be 100 percent</p> <p>15 certain about your opinions?</p> <p>16 A. I am 100 percent certain of my</p> <p>17 opinions, sir, yes, in this case.</p> <p>18 Q. Okay. You have indicated today and in</p> <p>19 your report how Dr. Iakovlev is wrong in a</p> <p>20 number of ways, is that right?</p> <p>21 A. Yes, that is correct.</p> <p>22 Q. Is there anything that you think</p> <p>23 Dr. Iakovlev is right about in connection with</p> <p>24 Mrs. Kaiser's case?</p> <p>25 A. Yes, there are things that he's right</p> | <p style="text-align: right;">Page 93</p> <p>1 questions regarding the Kaiser case. First, I</p> <p>2 want to ask you a question about Exhibit 2.</p> <p>3 Mr. Plouff asked you some questions about Figure</p> <p>4 3 on that. And did you stain -- strike that.</p> <p>5 What is Figure 3?</p> <p>6 MR. PLOUFF: I'm sorry, I missed --</p> <p>7 are we talking about her Figure 3, or</p> <p>8 Iakovlev's?</p> <p>9 MR. COMBS: We're on Exhibit 2, which</p> <p>10 is her four photomicrographs, and then Figure 3</p> <p>11 of those.</p> <p>12 MR. PLOUFF: Great.</p> <p>13 BY MR. COMBS:</p> <p>14 Q. So, Dr. Abadi, is this a slide that</p> <p>15 you made?</p> <p>16 A. Yes, it is.</p> <p>17 Q. And you then stained it with PAS?</p> <p>18 A. Yes, I did. I stained --</p> <p>19 Q. What is PAS?</p> <p>20 A. PAS is a stain called periodic</p> <p>21 acid-Schiff stain, and it's a stain that is used</p> <p>22 for protein, and especially for glycoprotein.</p> <p>23 Q. And is there pink staining on features</p> <p>24 in this photograph which are what Dr. Iakovlev</p> <p>25 calls degradation bark?</p> |

24 (Pages 90 to 93)

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| <p style="text-align: right;">Page 94</p> <p>1 A. Yes. I wanted to illustrate that that 2 outer layer that Dr. Iakovlev refers to as 3 "bark" is actually stains with periodic 4 acid-Schiff, so that means that it has to 5 contain protein, because otherwise it would not 6 be stained. 7 Q. All right. Thank you. 8 Dr. Abadi, you were asked a number of 9 questions regarding Dr. Iakovlev's conclusion 10 that there is a layer of degradation. I want to 11 ask you a follow-up question on that. 12 Did you review the slides and 13 photomicrographs provided by Dr. Iakovlev? 14 A. Yes, I did. 15 Q. And did you review the tissue that is 16 in approximation to the layer that Dr. Iakovlev 17 claims is the degradation layer? 18 A. Yes. 19 Q. Did that tissue show any adverse 20 histological findings? 21 A. No, there's no -- there are no -- 22 there's no difference in the areas that have 23 that outer layer from areas that do not have it. 24 In other words, there is no associated 25 inflammation other than chronic, there is no</p> | <p style="text-align: right;">Page 96</p> <p>1 basically just preserve the tissue. 2 Q. And does the process of fixation also 3 harden the tissue? 4 A. Yes. It hardens the tissue because 5 formalin basically is a chemical that causes 6 stiffness in the tissues and also causes changes 7 in coloration of the tissues, the tissues look 8 darker, so yes, it modifies the correctness of 9 the tissues. 10 Q. I want to ask you a question about 11 Dr. Iakovlev's photomicrographs at BK2, BK3, BK4 12 where he has drawn his lines that he claims 13 represent folding. 14 Now, is there a methodology that 15 pathologists use to orient tissue to demonstrate 16 where that tissue was in vivo? 17 A. Yes. We have a protocol for that. 18 Basically, in order to orient the specimen, in 19 order to know exactly where that specimen was 20 positioned in vivo, the surgeon has to give us 21 all the guidelines basically. So what the 22 surgeon does in those instances where 23 orientation is provided, he pins the tissue to a 24 cardboard and then proceeds to mark the 25 different areas as to where exactly that tissue</p> |
| <p style="text-align: right;">Page 95</p> <p>1 acute inflammation, there is no necrosis, there 2 is no apoptosis, nothing that indicates anything 3 different in relation to that layer from the 4 rest of the specimen. 5 Q. And so the -- Ms. Kaiser's tissue 6 response is the same in regard to sections of 7 the mesh where Dr. Iakovlev claims there's a 8 degradation layer and sections of the mesh where 9 he cannot see a layer he claims is a degradation 10 layer? 11 A. That is correct, there is no 12 difference between areas that show that outer 13 surface layer from areas that do not have it. 14 Q. Dr. Abadi, you were asked some 15 questions about whether the mesh felt stiff to 16 you. Was all of the mesh that was provided to 17 you in this case or any other case mesh that had 18 been preserved in formalin? 19 A. Yes. Ms. Kaiser's tissues were 20 preserved in formalin. I received them in 21 formalin. 22 Q. And what's the purpose of formalin? 23 A. Well, as I said, the purpose of the 24 formalin is to basically fix the process of 25 autolysis in the tissue, put a stop to it, so it</p> | <p style="text-align: right;">Page 97</p> <p>1 was, anterior, posterior, medial, lateral, 2 inferior, superior. If they don't use a 3 cardboard, they can use other means of 4 orientation such as sutures; you know, for 5 example, one suture for superior, two for 6 inferior, and so on, or staples. 7 So those are the -- in order for a 8 pathologist to be absolutely certain and that 9 this tissue is the way it is located in the 10 human body is the assistance of the surgeon and 11 all the guidelines. 12 Q. And you reviewed the pathology report 13 and the specimen in this case? 14 A. Yes, I did. 15 Q. Had any of that methodology been 16 followed for this specimen? 17 A. No, it wasn't followed. The surgeon 18 did not orient the specimens. 19 Q. And if the surgeon has not oriented 20 the specimen, how does that impact the 21 pathologist's ability to make an after-the-fact 22 orientation? 23 A. Well, once you receive a specimen that 24 is not oriented, then basically you cannot do 25 anything about that. And, in fact, the</p> |

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